DUDLEY SHOTWELL, HANNAH GRACE, Ph.D. Empowering the Body: The Evolution of Self-help in the Women's Health Movement (2016)
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This dissertation is the first historical examination of the women's health self-help movement in the late twentieth century. In the late 1960s, feminists across the country started to criticize and resist the constraints of male dominated healthcare controlled by physicians. They began forming self-help groups where they demystified their bodies by conducting their own physical examinations and reading medical literature. Some groups disseminated information by holding self-help presentations and publishing their findings. Others opened feminist health clinics and formed ongoing groups in which women conducted their own gynecological examinations and abortions, monitored their fertility, and performed donor sperm inseminations. Some self-help activists worked to influence mainstream healthcare by training medical students and holding inspections of hospitals and clinics. Women of color and indigenous women adapted self-help techniques to explore how systemic racism and colonialism shaped their mental and physical health and address problems in their communities such as fetal alcohol syndrome. In the 1990s, young women continued to spread information about self-help by creating underground publications called "zines." By participating in the self-help movement, women around the United States created an alternative healthcare system that continues to shape healthcare today.

EMPOWERING THE BODY: THE EVOLUTION OF SELF-HELP IN THE WOMEN'S HEALTH MOVEMENT

by

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ABBREVIATIONS IN THE NOTES

Archives and Libraries

IWA	Iowa Women's Archives, The University of Iowa Archives, The University of Iowa Libraries, Iowa City, Iowa
SBC	Sallie Bingham Center for Women's History and Culture, Rubenstein Rare Book & Manuscript Library, Duke University Archives, Durham, North Carolina
Schlesinger	Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, Massachusetts
SSC	Sophia Smith Collection, Smith College, Northampton, Massachusetts
WPRL	Walter P. Reuther Library Archives of Labor and Urban Affairs, Wayne State University, Detroit, Michigan

Collections

BWHIR	Black Women's Health Imperative Records (1983-2006)
BWHBCR	Boston Women's Health Book Collective Records (1905-2003)
DFWHCR	Detroit Feminist Women's Health Center Records (1961-1980)
EGC	Emma Goldman Clinic for Women (Iowa City) Records (1971-2008)
FWHCR	Feminist Women's Health Center Records (1973-2003)
LHRC	Lesbian Health Resource Center Records (1987-2005)
NAZC	Niku Arbabi Zine Collection (1999-2007)
NWHNR	National Women's Health Network Records (1963-2011)
NAWHERCR	Native American Women's Health Education Resource Center Records (1985-2011)
NCLGHPR	North Carolina Lesbian and Gay Health Project Records (1983-1996)
SDZC	Sarah Dyer Zine Collection (1985-2005)
SWZC	Sarah Wood Zine Collection (1990s)
WCHCR	Women's Community Health Center Records (1953-1987)
WNPC	Women's Newsletter and Periodical Collection (1923-2011)

COMMON ABBREVIATIONS

FWHC	Feminist Women's Health Center
APPP	Association of Planned Parenthood Physicians
BWHBC	Boston Women's Health Book Collective
EGC	Emma Goldman Clinic
IPPF	International Planned Parenthood Federation
(N)BWHP	(National) Black Women's Health Project
NOW	National Organization for Women
OBOS	*Our Bodies, Ourselves*
OM	Ovulation Method
PTP	Pelvic Teaching Program
WATCH	Women Acting Together to Combat Harassment
WCHC	Women's Community Health Center
WCSC	Women's Community Service Center
ZANU	Zimbabwe African National Union

CHAPTER I

INTRODUCTION: HOW A SMALL, CONTROVERSIAL INITIATIVE BECAME A MOVEMENT THAT RESHAPED WOMEN'S HEALTHCARE

The self-help movement emerged as a critical part of feminist women's health activism in the late 1960s and continues to live on today. The movement took shape as a range of women's health activists criticized and drew attention to the ways that the authority to make decisions about a woman's health and reproduction typically lay with male physicians. Women's health activists taught themselves skills usually performed by doctors, a practice they began to call "self-help" in the early 1970s. These early efforts generated an entire movement of women who appropriated their own bodies and minds as tools of knowledge. Women who promoted these efforts held disparate and sometimes competing philosophies about *how* to practice self-help, but all agreed that it was crucial to take power over their bodies and minds away from physicians and hold it in their own hands.

Women created a self-help movement that was far more extensive, interactive, and contested than scholars have recognized. This dissertation argues that self-help activists helped to revolutionize women's healthcare by creating an entire system of alternative healthcare options. Some women practiced gynecological healthcare procedures, including abortions and donor insemination, in their own homes. Others, especially middle class white women, opened clinics to make this system of care available to a wider array of women. Women of color and indigenous women founded

local and national organizations and used self-help to address the myriad ways racism and colonialism affected their health. As more women learned about these alternative "do-it-yourself" care options through media attention, written texts, and videos, the movement diversified and grew. Some self-help activists wanted this alternative network of care to exist completely separately from mainstream medicine, while others wanted to use self-help to reform mainstream institutions. Ultimately, they achieved a combination of both.

Those who have heard of self-help in the women's health movement are likely familiar with this "origins story": In April, 1971, at a feminist gathering in the back of the Everywoman's Bookstore near Los Angeles, Carol Downer, an activist who had recently become interested in women's liberation, jumped up on a table, pulled up her skirt, and showed a group of mostly white, middle-class women how she could view her own cervix using a plastic speculum, a mirror, and a flashlight. The group also discussed a suction method of abortion. These women began meeting regularly to practice cervical "self-examination" in small gatherings they called "self-help groups." One group member, Lorraine Rothman, created the "Del'Em," a device used to remove the contents of the uterus during menstruation or early pregnancy. The group named the procedure "menstrual extraction." Over the next year, as Downer and Rothman toured the U.S. demonstrating both self-exam and menstrual extraction, feminist self-help groups emerged around the nation.

While many hailed Downer and Rothman as the mothers of their movement, this dissertation argues that the self-help movement went far beyond self-exam and menstrual

extraction. Though this origins story is an important one, and Downer and Rothman inspired thousands of women to learn about and practice self-help, the movement was much more than these two women. In the 1970s, 1980s, and 1990s, activists across the country developed countless new uses for self-help and used them demystify and take control over their bodies. Some continued to meet in small groups in their homes, while others met in woman-controlled clinics or connected with other activists through books, pamphlets, "zines," websites, and videos.

Most self-help activists shared a few traits. First, they believed that mainstream medicine disempowered women. Second, they attempted to empower themselves and other women through demystification and dissemination. Demystification involved women developing an understanding of their own bodies and minds (often in groups together) that they believed was the key to their own autonomy and control. Some groups learned how their physical bodies functioned and taught each other basic medical procedures. Others dissected their innermost thoughts and feelings, searching for internalized racism and sexism that caused them negative emotions. Dissemination involved spreading these concepts to other feminists, the general public, and mainstream medical institutions through presentations, group meetings, the media, written texts, and video.

A third dimension of self-help involved the connections activists made between their personal self-help efforts and a larger political purpose. They argued that only through controlling the terms of their own reproduction, mental and physical health, and healthcare could women achieve true equality and autonomy. Finally, self-help activists

were in constant communication and debate with one another over the possibilities, meanings, and principles of self-help. Many argued over the extent to which self-help activists should attempt to work with mainstream medical institutions or create their own separate institutions. They also communicated a range of opinions about whether self-help activities should focus on gynecology, especially self-exam and menstrual extraction, or on a more holistic view of health.

Because the term "self-help" has dozens of meanings, scholars from many disciplines have examined self-help in its various forms as practiced over several centuries. Some scholars have used the term "self-help" to refer to the practices involving mutual aid or reciprocal exchange of resources that human beings have devised to meet the socioeconomic needs of their communities. Others have used it to refer to the grassroots "recovery" movement of 12-step programs such as Alcoholics Anonymous designed largely to help members deal with illnesses and addictions. Still others refer to "popular self-help," the profusion of literature and talk-shows, authored and hosted largely by women, which comprises entire sections of bookstores and provides much of daytime television programming. While the late twentieth-century women's health self-help movement contained elements of mutual aid, recovery, and popular self-help, its emphasis on self-help as a way to combat social inequalities and empower women in the face of pervasive sexism and racism made it unique.[1]

[1] Other scholars of self-help in Europe and the Americas include Peter Kropotkin, *Mutual Aid: A Factor of Evolution;* Beito, David T. (2000). *From mutual aid to the welfare state: fraternal societies and social services, 1890 - 1967*. Chapel Hill. Cite KATZ. Butler, Entrepreneurship and Self-Help Among Black Americans (SUNY Press, 1991) See also Thomasina Jo Borkman, *Understanding Self-help/Mutual Aid: Experiential Learning in the Commons* (New Brunswick,

This study traces the evolution of women's health self-help from its emergence as a movement in the late 1960s to the 1990s. It explores how growing numbers of mostly middle-class white women began practicing gynecological self-help activism in the late 1960s and early 1970s. During this time, self-help activists focused their efforts largely on self-exam and abortion, believing that control over reproduction was the key to liberation. They faced opposition from other feminists, women's health and reproductive rights activists, and from within their own ranks. Menstrual extraction in particular provoked great controversy.

Though many scholars have assumed that gynecological self-help disappeared after *Roe v. Wade* legalized abortion, in fact, the decision helped accelerate its dissemination. In the 1970s, feminists responded to the *Roe* decision by opening dozens of woman-controlled clinics to provide abortion and other reproductive health care services.[2] These clinics challenged the medicalized health care model by employing large numbers of staff who lacked formal medical training and by directly providing clients with knowledge about their bodies. In these woman-controlled clinics, thousands of clients learned and practiced self-help techniques, and many went on to form their own

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N.J.: Rutgers University Press, 1999); Kelly Coyle and Debra Grodin, "Self-help Books and the Construction of Reading: Readers and Reading in Textual Representation," *Text and Performance Quarterly* 13 (1993): 61-78; Maureen Ebben, "Off the Shelf Salvation: A Feminist Critique of Self-help," *Women's Studies in Communication* 18:2 (1995): 111-122; Debra Grodin, "The Interpreting Audience: the Therapeutics of Self-help Book Reading," *Critical Studies in Mass Communication* 8 (1991); Merri Lisa Johnson, *Third Wave Feminism and Television: Jane Puts It in a Box* (New York: Palgrave Macmillan, 2007); Elayne Rapping, *The Culture of Recovery: Making Sense of the Self-help Movement in Women's Lives* (Boston: Beacon Press, 1996); Wendy Simonds, *Women and Self-Help Culture: Reading Between the Lines* (New Brunswick: Rutgers University Press, 1992).

[2] A few clinics opened before *Roe* as states began loosening their abortion restrictions, but the *Roe* verdict meant that feminists all over the U.S. could open woman-controlled clinics that provided abortion.

groups. Meanwhile, activists developed a range of controversial strategies that took gynecological self-help beyond clinic walls. Some women formed "advanced" self-help groups to further explore controlling their reproduction through practices such as fertility consciousness and donor insemination. Others formed "watchdog" groups to investigate and curb what they believed were harmful activities of healthcare providers, including local hospitals, other clinics, and Planned Parenthood.

While white women tended to focus on self-help gynecology, women of color and indigenous women used the technique to include examination of all aspects of their health, which they understood to be shaped by the interlocking oppressions of racism, classism, sexism, and heterosexism. Groups of African American women developed "psychological self-help" groups to dialogue about high rates of poverty, low self-esteem, and stress. Native American women in South Dakota created a philosophy of "holistic" self-help that merged traditional and modern methods to confront fetal alcohol syndrome and related community health issues. As women of color and indigenous women sought ways to tackle issues most important to their communities, they created self-help methods that considered women's whole bodies and minds, not just their reproduction.[3]

In the late 1980s and early 1990s, just as self-help activism was extending its reach, a growing conservative backlash against feminism and abortion rights led many activists to focus their efforts on ensuring women's access to abortion. With anti-abortion groups and state and federal governments increasingly restricting the availability and legality of abortion, in 1988, a group of self-help activists began a push to disseminate

[3] Silliman, et al., *Undivided Rights.*

information about menstrual extraction across the nation. They flaunted this technique as an early abortion method to remind the government and the public that making abortion illegal would not make it disappear. Complicating accounts of the reproductive rights movement that have portrayed this period as one of retrenchment, self-help activists created a film, wrote a book, and taught menstrual extraction to groups of women around the U.S. in order to draw public attention to the growing threats to abortion rights.[4]

During the 1990s and early twenty-first century, as restrictions on health and reproductive care presented new challenges and the nation transitioned to a "digital era," self-help persisted and took on new forms. Women used first print media and then the internet to find community among other women with similar concerns. Today, the legacy of the self-help movement is evident in media campaigns for breast cancer awareness, protective policies for women involved in medical research, mainstream and alternative clinics that offer classes in birthing and nursing, subversive abortion provision, and the profusion of health information readily available to medical consumers online.

Historiography

This dissertation contributes to our growing historical understanding of the persistence and breadth of twentieth-century U.S. feminism. Beginning in the late twentieth century, some scholars and activists began categorizing feminist movements into distinct "waves," the first in the late nineteenth and early twentieth centuries, the

[4] Denise Copelton, "Menstrual Extraction, Abortion, and the Political Context of Feminist Self-help," *Advances in Gender Research*, 8 (2004): 129-164.

second in 1960s and 1970s, and the third beginning in the 1990s.[5] Recently, scholars have argued that the waves metaphor discounts much of women of color and working class women's activism between the "waves," such as fighting for protective labor legislation and organizing for welfare rights. They have also noted that the waves metaphor erases the links among feminists across time, a claim my dissertation supports.[6] Though self-help strategies changed between the 1960s and the 1990s, the movement did

[5] According to this model, women fighting for temperance, abolition of slavery, and suffrage in the late nineteenth and early twentieth century constituted the first wave. Women organizing around reproductive rights, domestic violence, rape, sexual harassment, equal pay, maternity leave, sexist language, gendered divisions of labor, childcare, sexual liberation, education, pornography, prostitution, and women's health represented the second wave in the 1960s and 1970s. A conservative backlash against feminism occurred in the 1980s, and feminist activity stagnated. In 1990s, young feminists in particular, decrying a perceived lack of diversity in the second wave, declared that they were a new, third wave. See Charlott Krolokke and Anne Scott Sorensen, *Gender Communication Theories and Analyses: From Silence to Performance* (Thousand Oaks, California: Sage Publications, 2006); Rosalyn Baxandall and Linda Gordon, "Introduction," in *Dear Sisters: Dispatches from the Women's Liberation Movement,* ed. Baxandall and Gordon (New York: Basic Books, 2000); Ruth Rosen*, The World Split Open: How the Modern Women's Movement Changed America* (New York: Penguin Books, 2000; Sara Evans, *Personal Politics: The Roots of Women's Liberation in the Civil Rights Movement and the New Left.* Rosen*, The World Split Open;* Anne Enke, *Finding the Movement: Sexuality, Contested Space, and Women's Activism* (Durham: Duke University Press, 2007); Benita Roth, *Separate Roads to Feminism: Black, Chicana, and White Feminist Movements in America's Second Wave;* Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975;* Sara Evans, *Personal Politics: The Roots of Women's Liberation in the Civil Rights Movement and the New Left;* Wini Breines, *The Trouble Between Us: An Uneasy History of White and Black Women in the Feminist Movement;* Ethel Klein, *Gender Politics: From Consciousness to Mass Politics.*

[6] These authors also argue that examining activism of working class women and women of color shows that the women's movement began long before the 1960s and was not clearly distinct from earlier feminist activism. See Nancy Hewitt, *No Permanent Waves: Recasting Histories of U.S. Feminism* (New Brunswick, N.J.: Rutgers University Press, 2010); Kathleen A. Laughlin, "Is it Time to Jump Ship? Historians Rethink the Wave Metaphor," *Feminist Formations*, 2:1, 2010, 76-135; Becky Thompson, "Multiracial Feminism: Recasting the Chronology of Second wave Feminism," *Feminist Studies* 28:2 (2002): 336-360; Maylei Blackwell, *Chicana Power: Contested Histories of Feminism in the Chicana Movement* (Austin: University of Texas, 2011); Dorothy Sue Cobble, *The Other Women's Movement: Workplace Justice and Social Rights in Modern America* (Princeton, N.J.: Princeton University Press, 2004; Benita Roth, *Separate Roads to Feminism: Black, Chicana, and White Feminist Movements in America's Second Wave* (New York: Cambridge University Press, 2004).

not rise and fall; rather, it persisted and evolved as diverse groups of women found new ways to take control over their own bodies.[7]

Another contribution of my research concerns the fraught history of women's interactions with medicine and medical professionals. Beginning in the late 1970s, feminist scholars such as Gena Corea, Barbara Ehrenreich, and Deirdre English argued that for centuries women have shared information about health and healing (especially regarding reproduction) with one another. In recent years, several historians have explored how African American, Native American, Asian American, and Latina women have historically sought to control their bodies and provide healthcare for their communities in order to protect themselves from dehumanization. While all of these studies offer evidence of importance precedents to the self-help movement, self-help activism in the late twentieth century was distinct from women's earlier efforts to pass down their health wisdom. Self-help activists were self-consciously political. They created a national movement of women collectively voicing a critique of and offering alternatives to mainstream medicine. [8]

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[8] See Barbara Ehrenreich and Dierdre English, *Witches, Midwives, and Nurses: A History of Women Healers,* (New York: Feminist Press at CUNY, 1973); Leslie Reagan, *When Abortion Was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkley: University of California Press, 1998); *The Hidden Malpractice: How American Medicine Mistreats Women;* Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Vintage Books, 1990); Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2002); Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997); Gachupin, Francine C. and Jennie Rose Joe, *Health and Social Issues of Native American Women* (Praeger: Santa Barbara, CA, 2012); Charon Asetoyer, Katharine Cronk, and Samanthi Hewakapuge, *Indigenous Women's Health Book: Within the Sacred Circle* (Indigenous Women's Press, 2003); Susan L. Smith. *Sick and*

While many scholars note that self-help practices played a critical role in the women's health and reproductive rights movements, this dissertation is the first historical study to show how these practices evolved, diversified, and persisted throughout the late twentieth century. In 1978, Sheryl Ruzek argued that the burgeoning women's health movement had begun to successfully challenge medical control over women's bodies by using strategies such as self-help. Two-and-a-half decades later, anthropologist Sandra Morgen characterized self help as a "cornerstone" of the women's health movement and argued that, by the 1990s, activists had brought control of healthcare into women's own hands.[9] Michelle Murphy has written the most extensive historical treatment of gynecological self-help activities to date, examining self-help in California in the 1970s and 1980s. Murphy focused on three pieces of technology (the plastic speculum, menstrual extraction, and the Pap smear) to demonstrate that self-help activists used science and technology as a way to practice feminism. [10] Wendy Kline examined

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Tired of Being Sick and Tired: Women's Health Activism in America, 1890-1950 (Philadelphia: University of Pennsylvania Press, 1995).

[9] Ruzek, Sheryl Burk. *The Women's Health Movement: Feminist Alternatives to Medical Control.* New York: Praeger, 1978; Morgen, Sandra. *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990*. New Brunswick: Rutgers University Press, 2002; see also Claudia Dreifus, *Seizing Our Bodies: The Politics of Women's Health* (New York: Vintage Books, 1977); Christine Eubank,"The Speculum and the Cul De Sac" (dissertation); Barbara Seaman and Laura Eldridge, *Voices of the Women's Health Movement: Volume One* (New York: Seven Stories Press, 2012); Barbara Seaman and Laura Eldridge, *Voices of the Women's Health Movement: Volume Two* (New York: Seven Stories Press, 2012). Karen Baird, Dana-Ain Davis, and Kimberly Christensen examined the women's health movement in the 1990s, particularly the attention to breast cancer that proliferated in that decade. Karen Baird, Dana-Ain Davis, Kimberly Christensen, *Beyond Reproduction: Women's Health, Activism, and Public Policy* (Madison: Fairleigh Dickinson University Press, 2009); Cheryl Krasnick Warsh, *Prescribed Norms: Women and Health in Canada and the United States Since 1800* (North York, Ontario: University of Toronto Press, 2010).

[10] She also demonstrates that self-help activities relied on the same political formations (family planning and medical expertise, for example) that they often claimed to resist. Michelle Murphy,

controversy that arose when self-help activists taught medical students to conduct humane pelvic exams (the Pelvic Teaching Program), arguing that this program was an important sign that feminism was influencing institutionalized medicine.[11] In the most recent treatment of the women's health movement, Jennifer Nelson argued that self-help was a key strategy in women's efforts to end sexism within mainstream medicine.[12] What all of these studies lack is an understanding of how self-help activists created their own unique strand of theory and activism that evolved and diversified over time while both clashing with and complementing other feminist health efforts.[13]

Much of the literature on the women's health movement has focused on childbirth, especially midwifery and homebirth. Judith Walzer Leavitt argued that from 1750 to 1950, childbirth changed from a "woman-centered home event to a hospital-centered medical event" as professional doctors attempted to drive midwives out of practice.[14] Gertrude Fraser examined how African American midwives in the South were largely barred from healthcare provision around the turn of the century as doctors, legislators, public health officials began deeming lay healthcare "backwards." Christa Craven documented midwifery and natural childbirth activism in Virginia during the late

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Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience (Durham: Duke University Press, 2012).

[11] Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (Chicago: Chicago Press, 2010).

[12] Nelson, *More Than Medicine.*

[13] See Morgen, *Into Our Own Hands;* Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003); Jael Silliman, et al., *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge: South End Press, 2004); Ruzek, *The Women's Health Movement.*

[14] Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950* (New York: Oxford University Press, 1986)*,* 5. Leavitt also documented the role of expectant fathers as it changed from 1940 to the 1980s in *Make Room for Daddy: The Journey from Waiting Room to Birthing Room* (Chapel Hill: The University of North Carolina Press, 2009).

twentieth century, arguing that these activists were deeply divided by racial, religious, and political differences. These works and others about natural childbirth, medical interventions in childbirth, and the Lamaze technique offer an important framework for this project, demonstrating the myriad ways women have taken charge of their own birth experiences. Some of the self-help activists in this dissertation experimented with homebirth but their records of these experiments are few and far between. A close examination of the relationship between their activities and the homebirth movement is beyond the scope of this study but offers fertile ground for future scholarship.[15]

Many scholars of the women's health movement have examined the seminal *Our Bodies Ourselves*.[16] This work, which began as a self-help pamphlet, emerged out of a workshop on women's bodies and health in 1969 and transformed into a book, selling millions of copies in dozens of languages all over the world today.[17] Susan Wells and Wendy Kline have both examined how the authors used letters from ordinary women to

[15] Christa Craven, *Pushing for Midwives: Homebirth Mothers and the Reproductive Rights Movement;* Gertrude Jacinta Fraser, *African American Midwifery in the South: Dialogues of Birth, Race, and Memory* (Cambridge: Harvard University Press, 1998); Holly F. Matthews, "Killing the Medical Self-help Tradition Among African Americans: The Case of Lay Midwifery in North Carolina, 1912-1983," in *African Americans in the South: Issues of Race, Class, and Gender*, ed. Hans Baer and Yvonne Jones, (Athens: University of Georgia Press, 1992); Paula Michaels, *Lamaze: An International History* (Oxford: Oxford University Press, 2014); Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (New Haven: Yale University Press, 1989).
[16] Kathy Davis, *The Making of Our Bodies, Ourselves: How Feminism Travels Across Borders* (Durham: Duke University Press, 2007). Wells, *Our Bodies, Ourselves, and the Work of Writing.*
[17] Our Bodies Ourselves, "History of *Our Bodies Ourselves* and the Boston Women's Health Book Collective," accessed April 24, 2014, http://www.ourbodiesourselves.org/about/history.asp.; Kathy Davis, *The Making of Our Bodies, Ourselves: How Feminism Travels Across Borders* (Durham: Duke University Press, 2007).

shape each new volume of *OBOS*.[18] Kathy Davis showed how women all over the world sent letters and suggestions to the authors of *OBOS,* shaping both its many international iterations and the original English version.[19] These studies help explain the widespread appeal of self-help philosophy and the ways it changed over time in response to ordinary women's input. Yet the almost exclusive focus on *OBOS* in the scholarship has left understudied many of the other self-help inspired publications examined in this dissertation, which range from books and pamphlets to videos, websites, and zines. Considering such publications as part of the effort to disseminate self-help information demonstrates that the movement was more prevalent than scholars have realized.

My work also broadens our understanding of the history of women's attempts to control their reproduction. Many scholars have documented women's "underground" attempts to do so, especially before birth control and abortion were legal. Historian Leslie Reagan showed that largely as a result of "back-alley" providers, referrals, and underground networks of women, the numbers of abortions before and after *Roe* were not significantly different. Similarly, Andrea Tone documented the contraceptive black market of the early twentieth century. Scholars like Reagan and Tone argued that women have always found ways to regulate the timing of their pregnancies, whether it was legal to do so or not. This dissertation continues this exploration into the late 20th century,

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[18] Wendy Kline, "'Please Include This in Your Book': Readers Respond to Our Bodies, Ourselves," *Bulletin of the History of Medicine* 79:1 (2005): 81-110. Davis' article late became a chapter in her book, *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (Chicago: Chicago Press, 2010).

[19] These authors provide important context as this study considers *OBOS* as another "origin story" for the self-help movement and documents the interactions between the Collective and other members of the self-help movement throughout the late twentieth century.

demonstrating how feminists used self-help to control their reproduction and to demonstrate that control to the government and the public.[20]

Scholars have begun to document how women of color and indigenous women broadened the reproductive health agenda and popularized the concept of reproductive justice.[21] Reproductive justice advocates recognized that historically, the "choice" to use birth control or have an abortion was not enough to guarantee a woman control over her reproduction. They argued that rather than "choice," women needed "access" both to culturally appropriate medical care that included abortion and to social supports that enabled them have and raise healthy children. This dissertation demonstrates how similar dynamics took shape among self-help activists. While white feminists focused largely on self-help gynecology, women of color included examination of all aspects of their health, especially those perpetuated by the interlocking oppressions of racism, classism, sexism, and heterosexism. By exploring how black and indigenous women used self-help to deal

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[20] Andrea Tone – *Devices and Desires: A History of Contraception in America;* Leslie Reagan: *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973;* Laura Kaplan: *The Story of Jane: The Legendary Underground Feminist Abortion Service;* See also Adele E. Clarke, "Maverick Reproductive Scientists and the Production of Contraceptives, 1915-2000+" in *Bodies of Technology: Women's Involvement with Reproductive Medicine,* ed. Ann Rudinow Saetnan, Nelly Oudshoorn, and Marta Kirejczyk (Columbus: Ohio University Press, 2000); David Cline, *Creating Choice: A Community Responds to the Need for Abortion and Birth Control, 1961-1973* (New York: Palgrave MacMillan, 2006); Rebecca M. Kluchin, "Pregnant? Need Help? Call Jane: Service as Radical Action in the Abortion Underground in Chicago," in *Breaking the Wave, Women, Their Organizations, and Feminism, 1945-1985,* ed. Kathleen A. Laughlin and Jaqueline L. Castledine (New Your: Routledge, 2011); Melody Rose, *Safe, Legal, and Unavailable? Abortion Politics in the United States* (Washington, D.C.: CQ Press, 2007).
[21] Nelson, *Women of Color and the Reproductive Rights Movement*; Rickie Solinger, *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade* (New York: Routledge, 2000); Silliman, et al., *Undivided Rights*; Johanna Schoen, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: UNC Press, 2005); Fried, *From Abortion to Reproductive Freedom;* Lynn Roberts, Loretta Ross, and M. Bahati Kuumba, "The Reproductive Health and Sexual Rights of Women of Color: Still Building a Movement," *NWSA Journal* 17:1 (2005): 93-98.

with issues such as low self-esteem, high blood pressure, stress, fetal alcohol syndrome, and alcoholism, this dissertation shows how they expanded the movement and made its focus more holistic.

The first half of this dissertation examines self-help activism from the late 1960s to the late 1970s. Chapter one begins with mostly white, middle-class gynecological self-help activism in California in the late 1960s and follows activists who sought to spread the word around the nation in the early 1970s. In chapter two, I examine the woman-controlled clinics that appeared mostly after *Roe v. Wade* legalized abortion in 1973. There, laywomen healthworkers practiced self-help and taught clients self-help techniques. Whereas some self-help activists wanted to completely remove themselves from institutionalized medicine, others believed that it was important to try to influence mainstream medicine; chapter three explores both sides of this debate among 1970s activists.

The second half of this project examines what happened to the self-help movement from the late 1970s to the present day. Chapter four explores how black and Native American women's groups began developing unique uses for self-help in the 1980s. It focuses on the efforts of two groups that used self-help in different ways to address the psychological and physical health effects of sexism, racism, and colonialism: the National Black Women's Health Project and the Native American Women's Health Education Resource Center. Chapter five examines what happened when a mostly white self-help group revived menstrual extraction in the late 1980s and early 1990s and

promoted it as a method of early abortion. In the epilogue, I consider what became of self-help in the 1990s and early twenty-first century as the movement simultaneously persisted and popularized while also undergoing depoliticization and institutionalization.

CHAPTER II

THE ORIGINS OF GYNECOLOGICAL SELF-HELP

> Letting us look at ourselves is like giving guns to the slaves—it gives us control over our own bodies. – Self-help Activist, Debra Law

Early 1970s self-help practitioners focused mainly on gynecology as the key to women's ability to control their own. This chapter argues that gynecological self-help was contested terrain from its earliest iterations. Disputes over the nature and purpose of self-help existed and helped shaped the direction and focus of the self-help movement and the broader women's health movement. In spite of the contentious nature of self-help, the movement created a space and a process for women around the nation to take charge of their own health.

This chapter has three overlapping goals. First, it offers context for the emergence of the self-help movement. The story of early gynecological self-help groups has reached somewhat mythical proportions in the feminist community. Here, I ground the story of the self-help movement in its roots in the reproductive rights movement and explore its entanglements with illegal abortion. Second, it examines the formation of early self-help groups that revolved around gynecology and consisted largely of white, middle-class participants. These groups mirrored the focus of white women's health activism in their emphasis on reproductive rights, particularly abortion. Third, this chapter examines the political struggle over the definition, purpose, and process of self-help. Self-help activists

faced opposition from dozens of other groups, including feminist organizations, reproductive rights advocates, abortion providers, and members of the medical community. Many such groups believed that self-help methods could be detrimental to women's health or to the reproductive rights movement. Most of these groups believed they had women's best interests at heart, but self-help activists often disagreed. Self-help activists also faced internal opposition, as different camps of the self-help movement clashed over what constituted self-help and what methods were most effective for helping women gain autonomy over their own bodies. In particular, some self-help activists believed that self-examination and menstrual extraction were the keys to women's self-sovereignty. Others believed that, while one or both of these techniques was interesting and important, they were not the zenith of women's empowerment.

Self-help Abortion before *Roe v. Wade*

In the mid-century U.S., doctors, lawyers, clergy, and women's groups advocated for the repeal of abortion restrictions. Many doctors provided abortions illegally or found loopholes for desperate women. Those who saw the horrors of botched abortions advocated for legal reform. Lawyers brought suits to help women and doctors on the hook for obtaining and providing abortions. Hundreds of clergy members and laywomen set up underground referral networks to help women find doctors in states or other countries where abortion was legal.

While some groups focused on legislation and referrals, others, such as the California based Army of Three also shared information about abortion methods. The Army of Three, Patricia Maginnis, Lana Clarke Phelan, and Rowena Gurner, is most

famous for advocating the complete repeal of abortion laws in the U.S. beginning in 1959. This group argued that decisions about abortion should be left to women, not to politicians and doctors. They also created a list of referrals to men and women willing to provide abortions, mostly in Mexico, and handed out thousands of copies. Eventually, however, the Army of Three began holding classes in which they helped women write letters to politicians asking for the repeal of abortion laws, discussed obtaining an illegal abortion, learned about sterile procedures, and, most significantly for the self-help movement, taught women how to abort themselves using the "digital method," in which a woman inserted her finger into the opening of her uterus until she aborted. They even put together "abortion kits" containing everything a woman would need to sterilize her bathroom and hands before using the digital method and sold them for $2 each. The Army of Three warned that "do-it-yourself" methods were both dangerous and could cost a woman a lot of money in medical procedures. They encouraged such methods as a last resort and as a way of getting publicity. Maginnis, Phelan, and Gurner advertised their classes and made sure that local police knew about them. They hoped that an arrest might lead to a court case in which they could fight for the repeal of abortion laws. In 1969, Phelan and Maginnis also published *The Abortion Handbook for Responsible Women.* In addition to information about where to get an illegal abortion, they included very detailed information on how a woman could fake a hemorrhage in order to convince a hospital that she needed an abortion. The little book sold over 50,000 copies. They were

eventually arrested in San Mateo County, California for holding the classes and selling the kits.[1]

Other activists in California began to hear about the tactics of the Army of Three, especially as they made contacts with various women's groups, particularly the National Organization for Women (NOW). A burgeoning activist named Carol Downer became acquainted with their methods when she met Phelan at a NOW meeting. She began "understudying" Phelan and learned about the reproductive rights movement from her.[2]

Meanwhile, in Chicago, another group of women was taking control of abortion in a much different way. The "Abortion Counseling Service of Women's Liberation," usually called "Jane," was a group of women who began making abortion referrals to underground providers starting in 1969. Their goal was to help women find safe and affordable abortions. The Janes soon grew frustrated at the cost of abortions and the quality of care many of the local, underground providers offered. They also learned that the man they sent most of their referrals to was not actually a medical doctor. Several members began to wonder if they too could learn to provide abortions and soon discovered that the procedure was quite simple. From 1968 to 1972, the Janes provided over 11,000 abortions to women in the Chicago area.[3]

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[1] The case was settled in their favor right after *Roe* legalized abortion. Leslie Reagan, *When Abortion Was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkley: University of California Press, 1998)*;* Ninia Baehr, *Abortion Without Apology: A Radical History for the 1990s* (South End Press: Boston, 1990).

[2] Downer interview with Dudley-Shotwell, March 26, 2014.

[3] Baehr, *Abortion Without Apology*; Laura Kaplan, *The Story of Jane: The Legendary Underground Feminist Abortion Service* (Chicago: University of Chicago Press, 1995); Pauline Bart, "Seizing the Means of Reproduction: An Illegal Feminist Abortion Collective – How and Why it Worked," *Qualitative Sociology* 10(4) (1987): 339-357.

Members of Jane strove to provide abortions in line with feminist tenets. They encouraged women to learn about their own bodies and always gave out copies of *Our Bodies, Ourselves, The Birth Control Handbook,* and *The VD Handbook.* They believed that they were acting to help their "sisters" and saw the women receiving abortion as "partners in the crime of demanding the freedom to control our own bodies and our own childbearing."[4]

Harvey Karman Develops the Flexible Cannula

Harvey Karman became interested in abortion technology while studying at the University of California, Los Angeles in the 1950s. There, he conducted research on the emotional aspects of therapeutic abortion. After learning about one UCLA student who committed suicide when she could not obtain an abortion and a second who died of a botched abortion, he began working to help women get illegal abortions in Mexico. While doing this work, Karman encountered many women who were unable to afford to travel to Mexico and get an abortion and others who were suffering because of the poor care they received there. He decided to learn how to perform abortions himself and began offering them illegally. One acquaintance, Dr. Phillip Darney, chief of gynecology and obstetrics at San Francisco General Hospital, said that Karman's goal was to "make it possible for women to safely do their own abortions using the simplest possible equipment."[5]

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[4] Quoted in Bart, "Seizing the Means of Reproduction," 351-352.
[5] Elaine Woo, "Creator of Device for Safer Abortions," *Los Angeles Times,* May 18, 2008, accessed February 9, 2015 http://articles.latimes.com/2008/may/18/local/me-karman18.

By the time Karman began learning to do abortions, many abortion providers around the country were already familiar with a variety of suction methods. Suction abortions were an alternative to the more common dilation and curette (D&C) method, in which a provider dilated a woman's cervix and then scraped out the contents of her uterus with a spoon-like instrument. Suction abortion had become popular in Russia and China in the early twentieth century and then began slowly spreading to the U.S. However, it was Karman's innovation, the "Karman cannula," which launched suction abortion into the U.S. mainstream and made it possible for laypersons to begin experimenting with the procedure. Karman developed this device while serving a prison sentence for providing an illegal abortion in California in the 1960s. Earlier cannulas were either made of solid metal, which meant that they were more likely to puncture the lining of a woman's uterus, or were so large that providers had to dilate a woman's cervix before using them. Dilation typically required a local anesthetic. These earlier versions of the cannula were not disposable and had to be sterilized between each use. Karman's cannula was thin, flexible, and disposable, which eliminated many of the risks and difficulties in suction abortion. Self-help activists experimenting with menstrual extraction in the early 1970s would rely heavily on this technology. [6]

After his release, Karman continued experimenting with the flexible cannula and suction methods of abortion. With the help of medical writer and women's health activist

[6] Tanfer Emin Tunc, "Designs of Devices: The Vacuum Aspirator and American Abortion Technology," *Dynamis,* 28 (2008): 353-376, available http://www.raco.cat/index.php/Dynamis/article/viewFile/118819/185331; Michelle Murphy, *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience* (Durham: Duke University Press, 2012), 154-158.

Merle Goldberg, Karman developed a method of early suction abortion. Using a vacuum syringe and the flexible cannula, one could manually extract the contents of the uterus during the first few weeks after a missed period. The procedure was so fast compared to other contemporary methods of abortion that some began to call it the "lunch-hour abortion." Other names included uterine aspiration, manual vacuum aspiration, menstrual induction, and, most commonly, menstrual regulation.[7] A few of his physician friends gave him fetal tissue that they had removed during abortions. Karman practiced suctioning the tissue through cannulas of different sizes and soon discovered that he could aspirate fetal tissue up to 12 weeks of development with his small cannula. Convinced that this technology was going to revolutionize abortion procedures around the world, Karman even created a television commercial advertising free suction abortions. Karman was arrested again, but his status in the world of abortion was cemented. After his release from prison, Karman began to refer to himself as a doctor (he held Bachelor's degree in Theatre and a Master's in Psychology), a habit that would later cause friction between him and the self-help community. Nonetheless, the mainstream medical community began using the Karman cannula regularly to provide suction abortions.[8]

Cervical Self-examination Emerges

Many gynecological self-help practitioners were deeply involved with the women's movement and the fight to legalize abortion before they began exploring self-

[7] Woo, "Creator of Device for Safer Abortions"; Murphy, *Seizing the Means of Reproduction*, 151.
[8] Tunc, "Designs of Devices," 353-376.

help. In 1969, Downer joined a Los Angeles NOW chapter, and began learning about abortion and its history from Army of Three member, Lana Phelan. In 1970, many members of the Los Angeles feminist community, including the NOW chapter, supported Harvey Karman and his colleague, John Gwynn, when they opened an illegal abortion clinic. Downer and her friends referred women to Karman and Gwynn for illegal abortions but soon began to feel "dissatisfied with the back-alley atmosphere of the clinic."[9] This loosely organized group of feminists decided that Karman and Gwynn were, in Downer's words, "male chauvinist pigs" because they talked down to women and were uninterested in advancing women's equality.[10] Downer recalled one telling incident when Gwynn, annoyed at her input, covered her mouth with a piece of tape and told her to be quiet.[11] She and a small group of other women began contemplating opening their own underground, woman-controlled abortion clinic. One woman who worked closely with Karman told Downer and her friends that "abortion wasn't as difficult as it was made out to be," and suggested that they could learn to perform them on their own.[12] Karman agreed to let them observe his methods at the clinic. Remembering these events, Downer was careful to say that Karman did not *teach* them how to do abortions; he merely allowed them to observe. "He didn't give us a minute of his time, really, but he did allow us to hang out." Downer was particularly interested in

[9] Federation of Feminist Women's Health Centers, "Menstrual Extraction," April 13, 1978, box 6, folder: Women's Health in Women's Hands (1 of 9), FWHCR, SBC.
[10] Carol Downer, "No Stopping: From Pom-Poms to Saving Women's Bodies," *On the Issues Magazine,* available http://www.ontheissuesmagazine.com/2011fall/2011fall_downer.php.
[11] Downer interview with Dudley-Shotwell, October 27, 2015.
[12] Eberhart Press, "Free to Choose: A Women's Guide to Reproductive Freedom," accessed November 19, 2015, http://www.eberhardtpress.org/pdf/freetochoose.pdf.

the less-traumatic suction method Karman employed and was fascinated to see just how simple the procedure was.[13]

In Karman and Gwynn's illegal clinic, observing an IUD insertion, Downer saw a woman's cervix for the first time.[14] "I was absolutely amazed… it was so close!... My knees buckled. I was that awestruck." She took a plastic speculum from the clinic, went home, and tried it for herself. Laying in her bed, she used the plastic speculum, a flashlight, and a mirror, to conduct a self-examination. Seeing her own cervix so close and accessible made Downer begin to feel confident that she and other laywomen could easily learn to perform abortions.[15] "I had read *The Abortion Handbook* and realized that if women just had some basic information about their bodies they… wouldn't have to depend on back-alley abortionists," she recalled.[16]

Around the same time, police raided Karman and Gwynn's illegal clinic, and many members of the feminist community picketed to support the two men and the three women staff members who were arrested. When Karman and Gwynn went on trial, Downer and her group hated that the pro-choice media focused more on the heroic and charismatic Karman and Gwynn than on a woman's right to an abortion or on the women who were also arrested.[17] Friction grew between the male abortion providers and the

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[13] "Self-help History/Carol Downer," YouTube video, 16:41, posted by Shelby Coleman, November 6, 2014, https://www.youtube.com/watch?v=OqcGfxsLokY.
[14] An IUD or "intrauterine device" is a form of long-lasting contraception that became popular in the 1970s.
[15] Ibid.
[16] *Free to Choose: A Women's Guide to Reproductive Freedom* (Portland: Eberhardt Press), available http://www.eberhardtpress.org/pdf/freetochoose.pdf, 15.
[17] Lorraine Rothman and Laura Punnett, "Menstrual Extraction," *Quest*: *A Feminist Quarterly,* 4(3), 1978, 45.

women who supported them. Downer recalled that this friction only strengthened her group's resolve to take abortion into their own hands.[18]

On April 7, 1971, Downer and about thirty other women met in the back of the Everywoman's Bookstore in Venice, California to discuss opening their own abortion clinic. Most of the attendees had answered an "enigmatic" ad in a feminist newspaper calling for women who were interested underground abortion. The story of what happened in this meeting soon became the stuff of feminist legend.[19]

When it was her turn to talk, Downer showed the other women the suction device that Karman used to perform abortions in his clinic. It was clear to her that they were terrified. "They were in agony… the whole subject was scary to them. I could see that until I demystified this for them, they were going to keep on thinking that abortion was this thing that you mostly would die of." Downer decided to show the other women how easily she could do a self-exam and how accessible the cervix was. She cleared off a desk, climbed onto it, hitched up her long skirt (she wasn't wearing underwear), and inserted a speculum into her vagina. At first the rest of the women stood back, and Downer began to worry. "I thought, oh, they're gonna think I'm an exhibitionist!"[20] She remembered thinking that if any woman had so much as snickered or looked offended,

[18] "Menstrual Extraction," (blog), October 27, 2010, available http://womenshealthinwomenshands.blogspot.com/2010/10/menstrual-extraction.html; img_3477; National Women's Health Network, "Self Help Resource Guide," 1980, 23, box 50, folder 1g: "Resource Guides 1980 Self Help (#7)," NWHNR, SSC.
[19] Carol Downer interview by Hannah Dudley-Shotwell. Boston, March 26, 2014; "Self-help History/Carol Downer."
[20] "Self-help History/Carol Downer."

she would have stopped immediately. They did not.[21] The other women in the room began to crowd in close to see her cervix and share their excitement.[22] Eager to see their own cervixes, several other women in the group took a turn on the table doing self-exam.[23]

After this meeting, several of the women began gathering on a regular basis for gynecological "self-help groups." They procured plastic speculums and met in each other's homes or in the back rooms of feminist businesses to take turns doing cervical self-examination. They also taught themselves to perform uterine size checks on each other using a bimanual exam, did breast exams, and dialogued about their gynecological health. By examining each other's bodies on a regular basis, these self-help groups furthered their understanding of how women's bodies varied. One participant told another that "letting us look at ourselves is like giving guns to the slaves—it gives us control over our own bodies."[24] Self-exam spread like wildfire, first in the Los Angeles area, then throughout California and beyond. Some of the women from the original group formed spin-off groups in their own neighborhoods and communities. Many new self-help groups began as groups of friends, while others formed as groups of women responded to ads and flyers in feminist publications and businesses.[25] Dozens of women, from both the original group and spin-offs, demonstrated self-examination for other women's groups.

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[21] Rosetta Reitz, *Menopause: A Positive Approach* (New York: Penguin Books, 1977), 97-98.
[22] "Self-help History/Carol Downer."
[23] Downer, "No Stopping."
[24] Maureen McDonald, "For Women Only: Alternative Health Care," *The Medical Center News*, June 9, 1976, box 1, folder 40: "Correspondence, 1976," DFWHCR, WPRL; Elizabeth Fishel, "Women's Self-Help Movement: Or, Is Happiness Knowing Your Own Cervix?" *Ramparts*, November, 1973, 29-32.
[25] Michelle Murphy, "Immodest Witnessing: The Epistemology of Vaginal Self-Examination in the U.S. Feminist Self-help Movement," *Feminist Studies* 30 (2004): 129.

Some groups began to monitor their menstrual cycles and keep careful calendars charting their basal body temperature. Others kept journals describing the quality of their vaginal secretions. A few put on white lab coats, bought urine pregnancy tests at a medical supply store, and then practiced using them. At the time, even these simple tests were administered only in a doctor's office. Some groups acquired microscopes to closely examine secretions, discharges, and menstrual blood.[26]

Self-help groups drew on the feminist tradition of consciousness-raising. In women's liberation groups beginning in the 1960s, women took turns discussing their personal experiences with a given topic such as abortion, domestic violence, or motherhood. Hearing the similarities in each other's stories validated the women's experiences and helped the group understand that their problems were often the result of systematic oppression. This practice became known as consciousness-raising. Many self-help practitioners were familiar with CR and put it to new use in self-help groups. In gynecological self-help groups, women dialogued about their previous health experiences. Many shared their frustration with the typical gynecological exam in which a doctor focused on examining a woman's body and had little interest in hearing a patient's thoughts about her health.[27]

Gynecological self-help practitioners appropriated the tools of the medical establishment for use in their own homes and private spaces. They were particularly

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[26] Murphy, "Immodest Witnessing," 118-130. At-home pregnancy tests did not become widely available over the counter until the late 1970s.

[27] See Susan Brownmiller, *In Our Time: Memoir of a Revolution,* (New York: Dial Press, 1999); Kathie Sarachild, "Consciousness Raising: A Radical Weapon" in *Feminist Revolution*, ed. Redstockings (Random House: New York, 1975).

interested in the history of the modern version of the speculum.[28] For example, Marion Sims, often called the father of modern gynecology, conducted a variety of experimental procedures on three slave women, Anarcha, Lucy, and Betsey. Sims devised the modern "duck-billed" speculum to aid in his experimentation. Early gynecological self-helpers were aware of this history. They saw the speculum's origins as emblematic of the myriad ways medical institutions had experimented on women without their consent. Self-help practitioners replaced the cold, metal speculum of the gynecologists' office with a cheaper, plastic version. The clear design of the plastic speculum allowed them to easily observe the walls of the vagina when they inserted it. In self-help groups, a woman always inserted her own speculum. She kept the handles upright (the opposite of the way a doctor usually inserted it) in order to maintain complete control over the instrument. Self-help practitioners saw their control over the speculum as a way to demonstrate control over their own bodies. Women could take home their very own speculum for around $2.[29]

After the meeting in the Everywoman's Bookstore, Downer and a core group of about a dozen other women did self-exam together on a regular basis and started writing

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[28] Ancient Greeks and Romans appear to have used some form of a speculum, but the modern-day "duck-billed" version was invented by Marion Sims. Historical Collections at the Claude Moore Health Sciences Library, University of Virginia, "Ancient Roman Surgical Instruments" exhibit, accessed November 19, 2015, http://exhibits.hsl.virginia.edu/romansurgical/.

[29] Debra, Sara Grusky, Patricia Logan, "Self-help Health," *Off Our Backs,* July 31, 1982, 14, 17. On the history the speculum and self-help practitioners knowledge of this history, see Gena Corea, *The Hidden Malpractice: How American Medicine Mistreats Women* (New York: Jove/HBJ, 1977); Barbara Ehrenreich and Dierdre English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (Garden City, N.Y.: Anchor Press, 1978); Margaret Sandelowski, "'The Most Dangerous Instrument': Propriety, Power, and the Vaginal Speculum," *Journal of Obstetric, Gynecological and Neonatal Nursing* 29:1 (2000): 73-82; Murphy, "Immodest Witnessing."

about their experiences. This group sometimes called themselves the "West Coast Sisters."[30] Downer, Lorraine Rothman, and Colleen Wilson were almost always part of the group, and other women came and went. The West Coast Sisters began meeting in the Los Angeles Women's Center. Working from the Center, they founded the Feminist Women's Health Center (Los Angeles FWHC), where they offered self-help presentations and hosted self-help groups for the community, always emphasizing self-exam as the key to women's bodily autonomy. Women who attended self-help groups at the Los Angeles FWHC often started their own groups in their own neighborhoods.[31]

Because the West Coast Sisters were prolific, their activities are more well-known than most other women who practiced gynecological self-help. They perpetuated the story of Downer demonstrating self-exam in the Everywoman's Bookstore as the genesis for the self-help movement. They also emphasized self-exam as the cornerstone of self-help. Their frequent publications and public presentations meant that they influenced thousands of other women experimenting with gynecological self-help. Though they were, in many ways, the voice of the burgeoning gynecological self-help movement,

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[30] For the sake of brevity, I often refer to the group of women loosely associated with Downer who practiced gynecological self-help in the early 1970s as "The West Coast Sisters." Though they occasionally published under this name, it is unclear how often they referred to themselves this way outside of print. They also often referred to themselves as "Self-help One" or just "Self-help Clinic."

[31] Several other groups of women across the nation later opened other clinics using the same name, "Feminist Women's Health Centers." I typically distinguish these clinics from each other using their location (e.g., Atlanta FWHC, Orange County FWHC). When the Los Angeles FWHC was founded, abortion was illegal, so the clinic focused on self-help and self-exam. Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunkswick: Rutgers University Press, 2002), 22.

many women who practiced self-help disagreed with their methods and views in public forums, especially feminist periodicals.[32]

The West Coast Sisters argued that male doctors selfishly guarded information about women's healthcare in order to maximize their profits and maintain control over women's bodies. In a 1971 article titled "Self-help Clinic," they sprinkled dollar signs throughout the text each time they mentioned physicians. For example, after discussing the "gold mine of information" that they found when they did self-exam, the group wrote, "No wonder that physicians have been reluctant to share the information$$$." They were not opposed to nor did they discourage women from visiting a doctor if the need arose. Instead, they emphasized being familiar enough with your body so that you could recognize when going to the doctor was necessary.[33]

The West Coast Sisters believed that they were conducting feminist research. For example, they conducted a Menstrual Cycle Study, in which nine women gathered daily for a month to compile data on a thirty-six point chart. They took measurements of temperature, did Pap smears, gathered cervical secretions, made notes about their moods, and compiled daily photographs of their cervices. In conducting this study, the group aimed to demystify their periods and redefine a "normal" period and a normal body. For instance, they discovered that it was not uncommon to have a menstrual period that was

[32] The feminist newsjournal *off our backs* in particular printed a number of editorials and feature articles on the controversy over self-help, especially in the clinics most closely associated with Carol Downer.
[33] West Coast Sisters, *Self-help Clinic,* 1971, box 4, folder: Self-help Clinic (1971), FWHCR, SBC.

longer or shorter than four days or a cervix that tipped forward or backward.[34] These self-help practitioners believed this was feminist research because they used their own bodies for experimentation rather than experimenting on someone else. Further, they hoped their work would decrease male physicians' profits and control over women's bodies. They argued that their research was more valid and reliable because, unlike doctors and pharmaceutical companies, they were not interested in profits.[35]

Self-help Activists Develop the "Dirty Little Machine"

The West Coast Sisters' desire to turn a provider-controlled abortion procedure into a woman-controlled procedure led them to develop menstrual extraction. After seeing Karman's suction equipment and Downer's self-exam demonstration, Lorraine Rothman decided that she could make the suction abortion kit safer and easier for laywomen to use. Karman's device, a flexible cannula attached to a syringe, was simple and efficient, but it had two major flaws: the person operating it could unwittingly reverse the suction and allow air to be pumped into the uterus of the woman undergoing the extraction, and the syringe on the device could get full and need to be emptied during the procedure. Rothman's husband, Al, a biology professor, helped her find a one-way valve to control the direction of the airflow. Rothman also added a collection tube that led into a jar so that someone using the device would not have to stop in the middle of the procedure if the syringe got full. Rothman brought the improved suction device back to the group. They began showing it to other women's health activists and to abortion providers. One doctor referred to it as a "dirty little machine," and the group adopted the

[34] Murphy, "Immodest Witnessing," 131-132.
[35] Federation of Feminist Women's Health Centers, "Menstrual Extraction."

name as a joke. They soon shortened the name to DLM, and then it morphed into "Del-Em."[36]

The West Coast Sisters began practicing with the Del-Em, first by suctioning water from a glass and then on each other. They called this process "menstrual extraction." Rothman's mechanical changes meant that a menstrual extraction required the cooperation of several women working together. One person directed the cannula into the uterus of the woman having the extraction, being very careful not to touch the walls of her vagina. Another pumped the syringe. Another was in charge of keeping the woman having the extraction informed and comfortable. This was purposeful; the West Coast Sisters wanted menstrual extraction to require a group. Unlike the Army of Three, they never intended their methods as a "do-it-yourself" procedure. Unlike the Janes, they did not want to provide services to other women. They insisted that menstrual extraction was only safe when performed in a self-help group that had been meeting for several months and had gotten very well acquainted with each others' bodies. In 1974, at a San Francisco conference intended to introduce laywomen and a few members of the broader health community to menstrual extraction, self-help practitioners stated, "As much as we advocate every woman having a speculum in her bathroom, we do not advocate that every woman have a Del'um in her bathroom."[37]

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[36] Marion Banzhaf interview by Hannah Dudley-Shotwell, Skype, April 24-25, 2015; Jennifer Baumgardner, *Abortion and Life* (New York: Akashic Books, 2008). Alternate spellings include Del-um, Del'um, and Del'Em.

[37] Oakland Feminist Women's Health Center, "The Proceedings of a Menstrual Extraction Conference," April 27, 1974, box 62, folder: Participatory Clinic, Atlanta FWHCR, SBC. Though the West Coast Sisters believed that a woman practicing self-exam alone in her home

Though Rothman originally developed the Del-Em so that the group could perform early abortions more safely than they could with Karman's aspiration kit, self-help activists quickly saw the potential of this suction procedure for uses beyond abortion. Because menstrual extraction worked by removing the contents of the uterus, it could bring immediate relief from cramps and other menstrual symptoms. Using menstrual extraction, women could reduce the pain and annoyance of their periods to a few minutes instead of a few days.[38] Some women in self-help groups used it every month for this purpose.[39]

In spite of the Del-Em's origins as a suction abortion device, when they shared the concept with other groups, 1970s menstrual extraction advocates were typically very careful to emphasize its use as a means of controlling one's period and did not call it an abortion. At one such presentation, a woman asked, "Isn't this really an abortion technique?" Downer replied, "No. Abortion is illegal; we deal only with period extractions... We're not in the martyr business."[40] While some pre-*Roe* groups, such as the Army of Three, flaunted their activities in order to get arrested and draw attention to reproductive rights, menstrual extraction advocates were generally uninterested in this

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was better than nothing, they also felt that women would learn more by doing self-exam in a self-help group on a regular basis. See Reitz, *Menopause,* 99.

[38] Lorraine Rothman, "Menstrual Extraction," box 48, folder: Menstrual Extraction, FWHCR, SBC, 2; Murphy, "Immodest Witnessing," 118-120.

[39] Feminist Women's Health Centers, "Menstrual Extraction: The Means to Responsibly Control Our Periods," box 15, folder 4: Feminist Women's Health Center, Oakland, Calif., WCHCR, SSC; National Women's Health Network, "Menstrual Extraction Politics," in *Self Help Resource Guide 7,* box 50, folder 1g: Resource Guides, NWHNR, SSC.

[40] Collette Price, "The Self Help Clinic," box 2, folder 1: "Staff meetings; minutes, 1976-1977," DFWHCR, WPRL.

tactic during this period.[41] Publicly, self-help activists claimed that menstrual extraction was an "extralegal" procedure, one that did not fall anywhere inside the purview of the law. Among themselves, however, some groups took precautions to avoid legal trouble. Often, when they met to perform a menstrual extraction, members arrived separately with the various pieces of equipment. When they met at a woman's house, they avoided attracting attention by not all parking their cars in front of the house.[42] In theory, self-help groups would only perform menstrual extractions for women who were part of their groups and whose bodies they had thoroughly familiarized themselves with. In practice, however, this was not always the case. For example, Downer's daughter, Laura Brown, recollected that her self-help group occasionally did menstrual extractions for a friend or sister of a member of the group when her period was late. [43]

Menstrual extraction practitioners intended that a group of ordinary women could easily put together their own Del-Em. The device consisted of a Mason jar, rubber stoppers or corks, tubing from fish-tanks, a syringe, a Karman cannula, and the one-way valve. Women could assemble the kit by using objects found in their home and in a few scientific product-supply centers, which existed in most major cities. Rural women had to either travel or order many of these pieces by mail from medical suppliers. Although it cost under $100 to make a kit, women with very limited incomes may have found it

[41] For more on abortion activists who used arrests as a tactic to bring attention to the need for legal abortions, see Kaplan, *The Story of Jane*; Carol Joffe, "The Unending Struggle for Legal Abortion: Conversations with Jane Hodgson," *Journal of the American Medical Women's Association* 49:5 (1992), 160–164. As discussed in Chapter 5, some self-help activists in the late 1980s and early 1990s flaunted menstrual extraction as an abortion procedure as a means of demonstrating that making abortion illegal did not make it disappear.
[42] Laura Brown, "Blood Rumors: An Exploration of the Meaning in the Stories of a Contemporary Menstrual Practice," (PhD diss., California Institute for Integral Studies, 2002.)
[43] Brown, "Blood Rumors," 5.

difficult to assemble a Del-Em. Putting a kit together also took time, since one had to either go to a supply center or wait for a mail order. The factors of money and time, combined with the fact that menstrual extraction was safest when performed by women very familiar with each other's bodies, meant that it was rarely an ideal solution for women urgently seeking an abortion. Still, it was possible for many women to obtain the parts to make a Del-Em without the help of a medical professional, so it was a useful tool for a woman who wanted to control her own reproduction and learn about her body. [44]

Menstrual extraction practitioners distinguished their procedure from Karman's, claiming that his suction method, menstrual regulation, was simply an abortion procedure, while their technique was a way for women to exercise control over and learn about their bodies.[45] In 1973, one group of self-help practitioners affiliated with Brown wrote, "We are well aware that men are obsessed with concern over the trite issue: Did their sperm in fact fertilize the ovum?" This group claimed when they performed menstrual extraction, they were completely unconcerned with the possibility of a fertilized egg. Instead, they did menstrual extraction to reduce the annoyance of their periods or as a means of learning more about their bodies. After a menstrual extraction,

[44] Suzann Gage, *When Birth Control Fails: How to Abort Ourselves Safely* (Hollywood: Speculum Press, 1979), 17-19.
[45] Because Karman was also involved in a series of population control efforts (backed by International Planned Parenthood and the United States Agency for International Development), menstrual extraction advocates believed they had additional reasons to separate themselves from Karman. See Murphy, *Seizing the Means of Reproduction*.

women often dumped the contents of the Del-Em into a petri dish to examine them. They sometimes put the extracted material under a microscope to learn about its contents. [46]

Even after *Roe v. Wade*, legalized abortion in 1973, laypersons performing abortions could be charged with practicing medicine without a license, so menstrual extraction practitioners continued to insist that the procedure was not an abortion. Abortion, they argued, was a procedure performed by a doctor in a medical setting. Menstrual extraction was, as Rothman wrote, a "home health procedure" used to "gain control over our reproductive lives."[47]

Some menstrual extraction practitioners portrayed the procedure as just one more way to conduct feminist-controlled research in a self-help setting. They described it as an important way of learning about their bodies and bodily functions. Self-help activist Barbara Hoke recalled, "We wanted to know everything the blood could teach us… We practically wanted to eat it. We did taste it and smell it and study it and look at it under microscopes."[48]

Some women described menstrual extraction as a method of birth control. An Oakland group suggested that a woman who had tried several forms of birth control and found them unsuitable would be a good candidate for monthly menstrual extractions. Referring to a hypothetical woman in this situation, they wrote, "She does not want to be pregnant. Her group meets; she and they extract her period, at which point she is not

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[46] "Feminist Women's Health Centers," February, 1973, box 2, folder 25: FWHC Early Political Papers 1976, DFWHCR, WPRL; West Coast Sisters, *Self-help Clinic*.
[47] Lorraine Rothman, "Menstrual Extraction," in National Women's Health Network Resource Guide 7, *Self-help*, box 50, folder 1g: "Resource Guides 1980 Self Help #7," NWHNR, SSC.
[48] Brown, "Blood Rumors," 196.

pregnant. Was she or wasn't she? Who cares? She does not: the group does not." They believed menstrual extraction was "vastly superior… because it involves no disruption of our daily lives and does not need to be used when it is not necessary as is the case with the pill or IUD."[49]

At first, some menstrual extraction practitioners worried about the effects of the procedure on their bodies. Self-help activists eagerly consumed medical journals to learn about the dangers of other types of contraception and compared their findings to their newfound knowledge about menstrual extraction. Some deduced that menstrual extraction was safer and had fewer side effects than other methods of birth control and practiced it regularly as contraception.[50]

Disseminating and Defending Gynecological Self-help

The West Coast Sisters faced immediate and continued opposition to their promotion of self-exam and menstrual extraction, not only from doctors but also from other feminists as they promoted the methods across the country. In 1971, when it appeared that abortion was on the verge of becoming legal throughout the U.S., the West Coast Sisters put aside their plans to open an illegal abortion clinic and decided to travel and show women how to do self-help, especially self-exam and menstrual extraction, instead. Downer and Rothman quickly became of the face of this effort.[51] Through workshops and mimeographed handouts, information about self-exam and menstrual extraction spread rapidly through the feminist network in the greater Los Angeles area

[49] Feminist Women's Health Centers, "Menstrual Extraction: The Means to Responsibly Control Our Periods."
[50] Brown, "Blood Rumors," 15.
[51] Downer, "No Stopping."

and then beyond. Women began calling and writing to ask the West Coast Sisters to do workshops in chapters of women's groups and on college campuses all around California. Soon women from other states began contacting them as well.[52]

Self-help activists used the National Organization for Women (NOW) as a vehicle for their promotion of gynecological self-help, though the national organization did not always fully support their efforts. Local NOW chapters and conferences hosted self-help presentations and groups, and as the organization expanded, so did self-help. In the summer of 1971, NOW held a conference in Los Angeles.[53] NOW refused to put Downer and Rothman's self-exam presentation on the official schedule of events, claiming that it was too shocking, so the women sent out a flyer inviting other NOW delegates to see demonstrations of the technique in their hotel rooms.[54] Downer and Rothman found themselves bombarded with women interested in the procedure. Delegates lined up outside of the West Coast Sisters' hotel rooms to learn about self-exam.[55] Because of the popularity, the self-help activists held a demonstration about every half hour for most of the day. By the end of the weekend, over two hundred women had visited Room 148 to see a demonstration of self-exam.[56] Each woman who came to the demonstration left with her own plastic speculum in a brown paper bag.[57] Following the convention, NOW

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[52] Christine Eubank, "The Speculum and the Cul-de-sac: Suburban Feminism in the 1960s and 1970s, Orange County, California," (PhD diss., University of California, Irvine, 2013), 106-107.
[53] Lorraine Rothman, "Menstrual Extraction," FWHCR, SBC.
[54] Eberhart Press, "Free to Choose,"18.
[55] Carol Downer and Rebecca Chalker, *A Woman's Book of Choices: Abortion, Menstrual Extraction, RU-486* (New Work: Seven Stories Press, 1992), 117.
[56] Self Help Clinic One, "The Brown Baggers of the NOW Convention," in *Self-help Clinic Paramedic Politics*, Box 3, Health Collection, SSC.
[57] Dido Hasper interview by Gayle Kimball, 1981, available http://www.womenshealthspecialists.org/images/pdf/interview%20with%20dido%20hasper.pdf;

representatives who had attended the presentation began phoning and writing the West Coast Sisters asking them to come to their cities to discuss self-help. In the fall of 1971, loaded down with two hundred speculums and bus fare, the Downer and Rothman shared their knowledge in twenty-three different cities across the U.S.[58]

The main audience for gynecological self-help presentations in the early 1970s was middle-class white women. This was largely a function of the West Coast Sisters' feminist network: NOW largely attracted white women.[59] Downer and Rothman also presented on college campuses and in women's centers, and their audiences there were mostly white as well. This was also a result of gynecological self-help's entanglements with abortion rights work. Activist women of color in the early 1970s were often interested in a wider spectrum of reproductive rights, including sterilization abuse and access to birth control.[60] Some white gynecological self-help activists were concerned that they were not reaching a racially diverse audience and assumed that the reason more women of color were not involved in self-help groups was simply because they had not heard about them. They tried holding presentations in YWCAs and neighborhood associations, but still did not find much enthusiasm among women of color and poor

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Delia M. Rios, "Abortions at Home, Women Fearing End of *Roe vs. Wade* Learn Procedure, Part 1 of 2," *The Dallas Morning News,* August 4, 1991, 1A.

[58] Rios, "Abortions at Home; Sandra Morgen, *Into Our Own Hands,* 7-8. Self-help activists continued to rely on NOW in the next several decades as a source of staff and clients for woman-controlled clinics. Ties with NOW would again prove important in the late 1980s and early 1990s when self-help activists revived menstrual extraction.

[59] Stephanie Gilmore, *Groundswell: Grassroots Feminist Activism in Postwar America* (New York: Routledge, Taylor and Francis Group, 2013). 15.

[60] Murphy, "Immodest Witnessing;" Jael Silliman, et al., *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge: South End Press, 2004); Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003); Johanna Schoen, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: UNC Press, 2005).

women.[61] Later critics of gynecological self-help pointed out that it was most useful to women who mostly experienced good health. For many women of color and poor women, long-term lack of access to the medical system often meant that they had to concentrate first on serious and life-threatening health issues before they could turn to self-help. In order to reject the mainstream medical system, women had to have access to that system in the first place.[62]

Gynecological self-help found audiences among both straight and lesbian women. As one woman who saw a self-help presentation in Colorado said, "My vagina is not different from anybody else's, gay or straight. I get the same infections. The male doctor who treats my infections treats me like a woman. The need to be able to care for our own bodies is common to lesbian and 'straight' women." Many lesbian women were involved in the reproductive rights movement, and some self-help activists thought that self-help might attract more gay women to the movement because of its emphasis on bodily integrity and demystification.[63] Women's health activist Cindy Pearson suggested that many of the lesbian women in her self-help groups had been interested in practices like menstrual extraction simply because they might "have other women in [their lives that they] cared about who might need this."[64]

Like in Los Angeles, women across the country reported being enthralled when they first learned about self-help and self-exam. For many women in the 1970s, talking

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[61] Judith Aliza Hyman Rosenbaum, "Whose Bodies? Whose Selves? A History of American Women's Health Activism, 1968-present," (PhD diss., Brown University, 2004), 120.
[62] Rosenbaum, "Whose Bodies? Whose Selves?" 121.
[63] Quoted in Rosenbaum, "Whose Bodies? Whose Selves?"
[64] Cindy Pearson, Cecile Latham, and Kris Shepos-Salvatore, "Menstrual Extraction: Women Take Control," *off our backs*, April 1992, 1-3, 23.

about and looking at their vaginas was simply unthinkable. Breaking this taboo led many to feel reverence and awe. One woman wrote that when her consciousness-raising group "first saw their cervixes they were so dizzy with enthusiasm and delight at the sheer beauty of their bodies that it was as if each woman saw a rainbow wrapped around her cervix."[65] Lolly Hirsch of Connecticut who, with her daughter, Jeanne, later started a newsletter called *The Monthly Extract* to disseminate information about self-help, wrote, "I felt as the Great Goddess must have felt when she created cosmos out of chaos, and stood back to view her marvel."[66] Others described a new sense of ownership over their bodies. Freelance writer Elizabeth Campbell wrote, "The first time a woman looks into her own vagina, she knows that what she has between her legs is no longer HIS secret—not her doctor's, not her lover's, and not Norman Mailer's." Campbell, like many others, felt that knowledge their of bodies imbued women with power and authority over themselves. [67]

Gynecological self-help had detractors from the very beginning, including women who identified as feminists. Some felt shocked that self-help presenters would literally take off their pants and expose their own bodies and appalled at the suggestion that they try it themselves. After seeing self-exam for the first time, one NOW member in Orange

[65] Quoted in Eubank, "The Speculum and the Cul-de-sac," 111.
[66] Lolly Hirsch, *The Witch's Os* (New Moon Publications, 1972), 22.
[67] Mailer, a prolific author, was well-known for his views against women's liberation. Elizabeth Campbell, "Why Self Health," in *Women's Health Care*, ed. Karren Kowalski, WNPC, Schlesinger.

Country said, "We shouldn't be subjected to this kind of thing," and another told the group, "If this is what NOW is about, you can count me out."[68]

Other feminist groups worried that the focus on gynecological self-help would take energy away from other important efforts of the women's health movement, including legislative and judicial reform. An *off our backs* article stated, "Self-help alone cannot confront the medical monopoly of the AMA, ACOG, the drug companies, hospitals, insurance companies, and other corporations that control our healthcare.[69] Other groups worried that self-help groups would merely serve as an outlet for mainstream medical institutions, a place for women to air their grievances without making any actual changes to the system. Reproductive Rights National Network (R2N2), a grassroots coalition of women's health groups, distributed literature arguing that self-help "lets the system off the hook" because many groups fail to address the issue of women's access to services and "take the heat off" the medical system by creating alternate institutions instead of addressing the underlying problems in the American medical system.[70] Journalist Ellen Frankfort asked, "What good is it to know how to recognize disease if we have a health system that remains unresponsive to prevention or to the need to provide adequate care for everyone?"[71] Criticisms such as these led many

[68] Quoted in Eubank, "The Speculum and the Cul-de-sac," 112.
[69] The AMA, or American Medical Association, is the largest association of physicians in the U.S. ACOG, or the American College of Obstetricians and Gynecologists is a professional association of ob-gyns. Brody, Grusky, Logan, "Self-help Health," 14, 17.
[70] Reproductive Rights National Network, "Rough Road Ahead," *Off Our Backs,* August-September, 1981, 10, 17.
[71] Ellen Frankfort, *Vaginal Politics* (New York: Quadrangle Books, 1972), xiii-xiv.

self-help activists to direct their energy into starting woman-controlled clinics as an alternative to mainstream medical institutions.[72]

Some women liked the idea of using self-help and self-exam as a method of educating women but were worried that an overreliance on self-help might lead women to neglect a visit to the doctor when their conditions were beyond at-home treatment.[73] Self-help activists were aware of this criticism, and many groups argued that self-help should be used in conjunction with mainstream medicine. One New Hampshire group offered this scenario as an example of how to use self-help to enhance a visit to the gynecologist:

> A practitioner might say, 'You have a mild erosion on your cervix.' And you might respond, 'I just noticed that last month and it hasn't changed in size or color.' To which the practitioner might reply, 'Good. It's only been there for a short time. You should watch it for a few months and if it changes, I will take extra Pap smear slides.'[74]

Other self-help activists dismissed these concerns altogether, arguing that there was no evidence that mainstream medicine provided better care than women could find in self-help groups. In response to such a criticism in *The Guardian,* self-help activist Collette Price asked, "Is the radical press itself so mystified by the medical establishment that it too believes only a doctor can really give good safe healthcare?"[75]

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[72] See Chapters 2.
[73] Quoted in Eubank, "The Speculum and the Cul-de-sac," 111.
[74] Susan Bartlett, "Why Gynecological Self-Help," *WomenWise*, Fall, 1978, 2, Box 6, Health Collection, SSC.
[75] Price, "The Self-help Clinic."

A handful of women criticized self-help efforts because they did not go far enough in promoting holistic health. For example, in 1977, women's health activist Becca Harber wrote a position paper arguing that self-help groups and clinics should be paying more attention to diet and herbal remedies.[76] In the late 1970s and early 1980s, as self-help became more widespread, black, Latina, and Native American women's health activists would expand upon this critique and argue that self-help should be more all-inclusive of other health factors and also focus on how race and socioeconomic status affect health.[77]

Other critics were impressed by self-exam, but stopped short of menstrual extraction. Ellen Frankfort was one of the most vocal of these critics. She wrote a detailed account of seeing Downer and Rothman's self-help presentation in the early 1970s, punctuating her narrative with enthusiastic phrases like "Right on!" and professing that she felt like a blind person seeing for the first time. [78] Her enthusiasm waned, however, when she began to probe Downer and Rothman more deeply with questions about the safety of menstrual extraction, and they responded by criticizing her feminism. Frankfort was dismayed that what began as such an exciting possibility ended in conflict and "dogma." She felt that after giving such a "dazzling demonstration," the self-helpers

[76] Becca Harber, "Some Questions & Criticisms for the Women Involved in Women's Health Care," carton 3, folder 146: "Women's Health Organizations, Correspondence, Newsletters, 1976-1978," Seaman Papers.
[77] See Chapter 4.
[78] Frankfort, *Vaginal Politics,* xii. Interestingly, Frankfort acknowledged in her book (226) that the majority of the letters she received from physicians after writing a piece on menstrual extraction were about their fears at women holding such autonomy over their bodies, not about the actual physical dangers of the procedure.

shut down her questions without entertaining them at all.[79] Frankfort published her account of this meeting and her experiences with self-help in the introduction to *Vaginal Politics*, her 1973 book about the politics of women's health. The Los Angeles FWHC newsletter published a scathing review written by Dorothy Tennov, a woman who had attended the same self-help presentation as Frankfort. Tennov said that Frankfort was unable to understand the political implications of self-help and the importance of the procedure as anything other than "dangerous play" undertaken by "foolish children." She characterized Frankfort's criticisms of self-help as "fussy and irrational" and argued that *Vaginal Politics* helped to maintain the medical mystification status quo. Tennov claimed that Frankfort was the only one of fifty women present to "have missed the point."[80]

Unsurprisingly, physicians, especially gynecologists, had many criticisms of self-help, which Frankfort reported in detail. Many were concerned with the safety of menstrual extraction in particular. One medical student told Frankfort that her fears about the safety of menstrual extraction were warranted, "but I don't feel you were nearly emphatic enough. This is a terribly dangerous procedure." He went on to say that any woman who tried it was "bound to get [an infection] sooner or later," would "require hospitalization and a D&C," and might experience "infertility and even death."[81] However, Frankfort acknowledged that the majority of the letters she received from physicians after writing a piece on menstrual extraction showed their fears about women

[79] Ibid., xvi.
[80] Dorothy Tennov, "A Review by Dorothy Tennov of Ellen Frankfort's Book: Vaginal Politics," *The Feminist Women's Health Center Report,* Vol. 1, No. 3, 1977, 13, box 2, folder 4: FWHC annual report 1974-78, DFWHCR, WPRL.
[81] Frankfort, *Vaginal Politics,* 218.

holding such autonomy over their bodies, not about the actual physical dangers of the procedure.[82]

Menstrual extraction advocates even met disapproval among women who were already invested in taking control of women's health. In the early 1970s, Downer and Rothman visited a group of women in Gainesville, Florida, which included Byllye Avery, who were planning to open a women's clinic that emphasized self-help.[83] Avery recalled that the whole group was excited about self-exam but wary of menstrual extraction. Their concerns were twofold. First, they were afraid that it was not safe. "We didn't know whether you would pull off some of the lining," Avery said. Second, the group was philosophically opposed to the idea of removing and casting aside their menstrual periods. "Our whole approach was we were making peace with our menstrual cycle. We didn't want to get rid of it in one quick thing. We wanted to know how to live with it in harmony… We were more interested in turning it into a positive experience." Avery was so struck by the need for women to find "harmony" with their periods that she later developed a film, *On Becoming a Woman: Mothers and Daughters Talking Together* to show women and girls dialoguing honestly about menstruation. Referring to the self-help activists who visited Gainesville, Avery recalled, "They were a lot more hard-nosed feminists than we were."[84]

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[82] Ibid, 226,

[83] Avery later helped develop a version of self-help that women used to deal with internalized racism and sexism. See Chapter 4.

[84] Byllye Avery interview by Loretta Ross, Voices of Feminism Oral History Project, Sophia Smith Collection, Smith College, Northampton, MA 01063, 18. Avery refers to menstrual extraction as "aspiration," highlighting the confusion over the term even within the women's

Even the Jane Collective was not completely on board with menstrual extraction. A first glance at these two groups would suggest that the members of Jane and the Los Angeles self-help activists would have had much in common and much to learn from each other. Downer and Rothman visited Chicago and demonstrated menstrual extraction for the members of Jane. As usual, they first introduced the technique as a way of removing their period, and as one Jane recalled, "Jane members wondered why a woman would put something in her uterus and risk infection to avoid having a period." However, once the Janes gleaned that menstrual extractions were also useful as a method of abortion, they grew more interested.[85]

Tensions between the two groups grew after they observed each other at work. "We talked about what we did and they were aghast; they talked about what they did and we were aghast," one member of Jane recalled. For example, Downer and Rothman were disdainful of Jane's methods of sterilizing tools. Rather than using an autoclave, which was too heavy and cumbersome to carry from apartment to apartment, Jane members boiled their instruments or used cold sterilizer. One member of Jane said that she thought Jane was "doing something a little more important, serious, harder than [self-help practitioners], and it took away some of their thunder." The Janes were especially concerned about Downer and Rothman's relationship with Harvey Karman. One member later wrote that the group believed that Downer and Rothman felt "reverence" for

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health movement. See Chapter 4 for more on *On Becoming a Woman.* The other two women who founded the Gainesville Women's Health Center were Judith Levy and Margaret Parrish.

[85] Kaplan uses pseudonyms (Pat and Monica) for the West Coast Sisters who visited the Jane Collective, but since their activities line up with Downer and Rothman's 1971 self-help tour, she was almost certainly referring to them. See Kaplan, *The Story of Jane,* 197-202.

Karman. The Janes felt that the self-help practitioners wanted to be "stars" and were interested in getting in attention and accolades. After spending some time at the Los Angeles FWHC, the Jane Collective decided that menstrual extraction was not the best method for them. Jane members often performed dozens of abortions a day, and menstrual extraction took twice as long as a D&C. It is likely that many the West Coast Sisters would have agreed that menstrual extraction was not appropriate for Jane. They felt that menstrual extraction was an activity that a group of dedicated women in a self-help group undertook together, not a service that women provided for each other.[86]

Though they were wary of menstrual extraction, the members of Jane were excited about self-exam. Thereafter, they began bringing mirrors to the abortions they performed. At first, they asked their clients if they wanted to see their cervix. After a while though, when most women declined the offer, they changed tactics. They began just handing clients the mirror and saying, "Here, look at your cervix." One Jane argued that this was "self-knowledge that women needed." No evidence suggests that the West Coast Sisters were aware that Jane instituted this new tactic. Undoubtedly, however, they would have been appalled. Being instructed to look at one's cervix on an exam table would not have held the same emancipatory power as choosing to do so oneself in a self-help group.[87] Referring to a woman who had first seen her cervix when a doctor handed

[86] Kaplan, *The Story of Jane,* 197-202.
[87] Ibid.

her a mirror on the exam table, Downer said in an interview, "Context is everything… It didn't have the same impact on her… [it] doesn't have the same psychological result."[88]

Gynecological Self-help Practitioners Clash with Harvey Karman

In 1971, shortly after Downer and Rothman toured the United States, the relationship between Karman and the West Coast Sisters began to sour in earnest. Rothman published an article on self-help in a small women's newspaper called *Everywoman*. She signed it "West Coast Sisters," A few months later, *Everywoman also* published an article called "Menstrual Extraction," signed by Peggy Grau, a person unaffiliated with the West Coast Sisters. The Grau article described menstrual extraction as a "do-it-yourself" method of suction abortion and encouraged readers to learn to do it themselves in case they were in need. Readers assumed that the same women were behind both articles and inundated the West Coast Sisters with questions about "self-abortion." Many of these women also sent money for the "self-abortion kit." The West Coast Sisters responded to as many of these requests as possible, trying to make it clear that menstrual extraction was not an individual abortion technique and that "the idea of 'a kit in each women's private bathroom' is anti-sisterhood… anti-women's liberation," and downright dangerous. Lolly Hirsch wrote that only a "gymnastic genius" could give herself a menstrual extraction.[89]

The West Coast Sisters harnessed the power of the feminist press in order to combat the misconceptions about menstrual extraction. They immediately wrote a

[88] This was not the end of the uneasy relationship between the self-help activists, Jane, and Harvey Karman. See Chapter 2.
[89] Sheryl Kendra Ruzek, "The Women's Health Movement: Finding Alternatives to Traditional Medical Professionalism," (PhD diss., University of California, Davis, 1977), 101-102.

response to the Grau article in a NOW Newsletter, saying, "THIS ARTICLE IS NOT OURS. WE CONSIDER IT IRRESPONSIBLY WRITTEN AND DANGEROUS TO WOMEN'S HEALTH."[90] Later, they ran an article in the *Los Angeles Women's Liberation Newsletter* with a skull and crossbones saying, "self-menses extraction is dangerous."[91] Though it is still unclear who wrote the Grau article, the West Coast Sisters assumed that it was Karman. They believed that he was seeking publicity for his method of suction abortion by conflating it with menstrual extraction. The Los Angeles FWHC newsletter published a huge expose on Karman's activities (he had been involved in some dubious abortion activities internationally) and accused him of writing the Grau article under a woman's name as a ploy to gain credibility among women. They pointed out that an address that appeared in the article led to a building only a few blocks from Karman's home.[92] They spent months replying to the women who inquired about self-abortion, distancing themselves publicly from Karman, and compiling what they called the "Karman shitpile," a "file to clarify the relationship of our feminist group, the Self-Help Clinic, and Harvey Karman, and to distinguish menstrual extraction from early abortion."[93]

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[90] Quoted in Eubank, "The Speculum and the Cul-de-sac," 115; capitalization in original.
[91] Federation of Feminist Women's Health Centers, "Menstrual Extraction;" "Synopsis," *Feminist Women's Health Center Report,* 8, box 8, Health Collection, SSC. Eubank, "The Speculum and the Cul-de-sac," 115.
[92] "Synopsis," *Feminist Women's Health Center Report*; Ruzek, "The Women's Health Movement: Finding Alternatives to Traditional Medical Professionalism." Downer also later recounted to me that she knew Peggy Grau, a woman who worked as a receptionist in Karman's clinic. Downer believed the Grau had never shown any interest in menstrual extraction or abortion at all, and Karman was writing under her name. (Downer interview with Dudley-Shotwell, October 27, 2015.)
[93] "Synopsis," *Feminist Women's Health Center Report.*

In the early 1970s, Karman began travelling with International Planned Parenthood and performing vacuum aspiration under the name "menstrual extraction." News outlets in Los Angeles interviewed Karman about his method of early abortion.[94] Self-help practitioners grew frustrated with the conflation of "vacuum aspiration" and "menstrual extraction." They saw the former as a medical technique and the latter as a self-help technique that did not belong in medical settings. Karman's media attention continued to make trouble for self-help practitioners when he told the *Los Angeles Free Press* that self-help activists were doing illegal abortions. The West Coast Sisters continued to receive "frantic appeals" for abortions from women all over the country." In 1973, an article in the *National Observer* marginally appeased the self-activists when it credited them as the inventors of menstrual extraction. They continued to closely guard menstrual extraction as a woman-controlled self-help technique.[95]

In an effort to exert further control over menstrual extraction, Rothman applied for a patent on the Del-Em in 1971.[96] In doing so, she avoided any use of the words "abortion" or "pregnancy termination" by titling the device the "Rothman Method for Withdrawing Menstrual Fluid." In part, the patent was an attempt to prevent Karman and other abortion-providers from continuing to use the term "menstrual extraction" to describe an early abortion suction procedure.[97] The West Coast Sisters wrote that they

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[94] "Synopsis," *Feminist Women's Health Center Report;* Helen Koblin, "Vaginal Politics: Harvey Karmen, Abortionist," *Los Angeles Free Press*, June 9, 1972, box 8, Health Collection, SSC.
[95] Federation of Feminist Women's Health Centers, "Menstrual Extraction."
[96] She originally filed for the patent in 1971, but it took several years to finalize.
[97] Tunc, "Designs of Devices," 353-376; "Notes on Meeting with Attorney," August 25, 1989, box 62, folder: "ME Coverage (2 of 4)," FWHCR, SBC; Tacie Dejanikus, "Menstrual

hoped a patent on "Lorraine's invention" would help keep the Del-Em "within the women's movement."[98]

Self-help activists continued to fear that they were losing control over menstrual extraction for years after they developed the procedure. A 1973 Los Angeles FWHC publication read, "The medical establishment is rapidly stealing menstrual extraction from us." In November 1973, California self-help activists held a "Menstrual Extraction Review." They opened the program by reading telegrams sent by women around the country encouraging them to keep menstrual extraction in women's hands and urging men to stop experimenting with it. Excitement from the audience led the presenters to consent to performing a menstrual extraction at the meeting. About ten men were in attendance, including a Tampax, Inc. representative and some researchers interested in menstrual regulation. They asked all of the men in the room to clear out during the menstrual extraction. The room responded enthusiastically to the menstrual extraction demonstration, though one woman sat in the corner silently recording the proceedings on a tape recorder. Some of the participants feared that a possible arrest would follow such a public demonstration, but nothing happened.[99]

In spite of their efforts to control menstrual extraction, self-help activists, particularly Downer, sometimes denied that they wanted to regulate or have ownership over the procedure. For example, in an interview with her daughter, Downer stated,

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Extraction," *off our backs,* December, 1972, 4-5.); United States Patent 3,828,781, August 13, 1974.

[98] West Coast Sisters, *Self-help Clinic*.

[99] The West Coast Sisters' Self-Help Clinics to "Sisters," November 9, 1973, box 4, Health Collection, SSC.

"Wherever I went for many years, I ran into women who were doing menstrual extraction without any direct link known to us… Because we were grassroots women, we did not concern ourselves with controlling menstrual extraction; we just wanted to share it with as many women as wanted to hear about it."[100] Downer often expressed the belief that she was speaking for all women, and that self-help was for the good of every woman in the U.S. and even the world. By maintaining control over menstrual extraction as a woman-controlled procedure, she felt that she was helping all women.[101]

The women's health self-help movement emerged out of women's desire to control the terms of abortion. Groups like the Army of Three and the Jane Collective found self-help methods for women to get abortions when they needed them. With the same goal in mind, Downer and the West Coast Sisters experimented with self-exam and menstrual extraction. They soon came to believe that these two practices were crucial to women's search for liberation and autonomy. Though the West Coast Sisters' goal was for all women to achieve bodily autonomy, their actions often indicate that the West Coast Sisters themselves wanted to control the terms of that autonomy. In particular, they wrestled to keep menstrual extraction a "woman-controlled" procedure.

In the early 1970s, self-exam and menstrual extraction caught on widely throughout the U.S., but these practices also found detractors. While some women felt delighted and enlightened by the possibilities of self-exam and menstrual extraction, others found one or both of these practices inappropriate and shocking. Though the West

[100] Brown, "Blood Rumors," 147.
[101] "What is 'Feminist' Health?" *Off Our Backs,* June, 1974, 2-5.

Coast Sisters and their allies thought self-exam and menstrual extraction would promote women's well-being, others believed they were potentially dangerous. Some groups believed self-help procedures like these took pressure off the medical system to pay attention to women's health issues and argued that women's health activists should focus their attention on encouraging mainstream medicine to attend to women's health instead of working outside of that system.

Gynecological self-help emerged at a time when women were struggling to exert control over their bodies. In the early 1970s, particularly among middle-class white women, this effort to seize bodily control often manifested itself in control over access to abortion. Though self-help would later take on forms and uses beyond gynecology, its early 1970s iterations echoed the focus of the mainstream women's health movement during that time. As information about gynecological self-help spread, practitioners fought to retain control over its practice and dissemination. Women found new uses for self-help, and a number of them went on to practice it in new settings, including woman-controlled clinics. There, self-help activists continued to place a great emphasis on self-exam but not menstrual extraction. Clinics offered new opportunities to develop self-help methods and new challenges for those who tried to do so.

CHAPTER III

SELF-HELP IN WOMAN-CONTROLLED CLINICS

> If you walked in the door and wanted our service, you [were] going to hear our spiel. – Marion Banzhaf, Tallahassee Feminist Women's Health Center

Throughout the 1970s, women across the U.S. began opening woman-controlled health centers to provide self-help gynecological care and abortion services. As self-help moved into these new settings, it took on new forms and reached thousands more women. In woman-controlled clinics, women developed a new form of healthcare in which healthworker and client learned from each other. Instead of passively receiving examinations and treatments from a physician, women in clinics taught each other the basics of gynecological care. This chapter demonstrates that self-help flourished in woman-controlled clinics, in spite of the fact that that the very nature of a medical setting was contrary to the way many early practitioners envisioned gynecological self-help. In fact, the movement thrived largely because of the clinics; by practicing self-help in an alternative medical setting, women took control over the provision of healthcare, and clinic workers helped to introduce thousands of women to the self-help movement.

Woman-controlled clinics that opened in the 1970s wrestled with internal and external pressures as they tried to define and practice self-help in a medical setting. Their efforts made self-help available to a wider array of women and broadened the movement's appeal. Many woman-controlled clinics claimed to employ a "self-help

philosophy" in their organizational structure, their method of caregiving, and their political activities. They tried to operate as a collective in which every member had an equal voice, and they tried to ensure that clients and clinic workers felt like peers.

In woman-controlled clinics, a "self-help philosophy" was often indistinguishable from a "feminist philosophy" or even a philosophy of collectivism. In the 1960s and 1970s, hundreds of groups organized on the principles of egalitarianism sprang up around the U.S. and in other parts of the world. Leftist grassroots groups opened bookstores, publishing companies, credit unions, and clinics. Self-identified feminists organized many such establishments and attempted to operate them along the same principles that governed consciousness-raising groups and other leftist ventures. They rejected traditional leadership and tried to make decisions by consensus. A number of scholars have examined the successes and failures of feminist collectives. Most conclude that though an egalitarian structure sometimes worked well for small groups of women with limited aims, as collectives grew larger and expanded their services, consensus-style decision-making became an obstacle to progress. Woman-controlled clinics were no exception.[1]

This chapter explores the internal and external challenges woman-controlled clinics faced, which threatened their ability to employ a self-help philosophy and even to keep their doors open. These clinics struggled to find physicians who would provide

[1] See Wendy Simonds, *Abortion at Work: Ideology and Practice in a Feminist Clinic* (New Brunswick: Rutgers University Press, 1996); Anne M. Valk, *Radical Sisters: Second-wave Feminism and Black Liberation in Washington, D.C.* (Urbana: University of Illinois Press, 2008); Jo Freeman, *The Politics of Women's Liberation: A Case Study of An Emerging Social Movement and Its Relation to the Policy Process* (New York: Addison-Wesley Longman Limited, 1975).

medical services in woman-controlled clinics. They also faced restrictions and legal challenges from government institutions, particularly over their use of laywoman healthworkers. After 1973, fierce competition from other abortion providers, including Planned Parenthood, who did not follow a self-help model intensified this struggle. Many clinics also had to fight to continue operating in spite of high staff turnover and internal conflict.[2]

The history of woman-controlled clinics further illuminates heretofore unexplored divisions within the "pro-choice" movement. Though scholars have begun to examine the divisions between white women and women of color in reproductive rights movements, few have considered the divisions between "mainstream" providers of feminist gynecological care and abortion services and more radical groups such as self-help practitioners and leaders of women-controlled clinics.[3] Self-help activists clashed with pro-choice physicians providing care in hospitals and even in their own clinics. They were also frequently at odds with Planned Parenthood, an organization that the public had long seen as a bastion of women's reproductive rights.

Self-help Moves to a Clinic Setting

In response to agitation from doctors, lawyers, and women's groups, beginning in the mid-1960s, several states began liberalizing their abortion laws, particularly if

[2] Though abortion providers all over the country faced similar staff-related struggles, in woman-controlled clinics, "burnout" and inter-staff conflict was often intensified by these clinics' attempts at egalitarianism.
[3] Jael Silliman, et al., *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge: South End Press, 2004); Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003); Jennifer Nelson, *More Than Medicine: A History of the Feminist Women's Health Movement* (New York: New York University Press, 2015).

pregnancy would impair the physical or mental health of the woman, if the child might be born with serious mental or physical defects, or if the pregnancy was the result of rape or incest. By 1972, Colorado, North Carolina, California, Georgia, Maryland, Arkansas, New Mexico, Kansas, Oregon, Delaware, South Carolina, Virginia, Florida, and Washington DC allowed for abortion under such circumstances. Mississippi and Alabama also allowed for abortions in grave circumstances, though their laws were stricter. Four states, Hawaii, New York, Alaska, and Washington, passed laws allowing abortion-on-demand, meaning a woman did not have to demonstrate any of these special circumstances in order to terminate her pregnancy.[4]

As the restrictions on abortion began to decrease in many states in the early 1970s, self-help practitioners around the nation contemplated opening clinics to provide abortions and gynecological care for women. One group of self-help practitioners in California looked to existing neighborhood clinics and abortion clinics utilizing paramedics, men and women who did not hold a medical license but were trained to provide healthcare.[5] They were unimpressed with neighborhood clinics, because they seemed to provide the same male-dominated care that women encountered in mainstream medicine. One woman called the physicians at these clinics, "The A.M.A. with long hair and beards."[6] The California self-help practitioners were much more impressed with

[4] See Leslie Reagan, *When Abortion Was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkley: University of California Press, 1998).
[5] This group included many, but not all, of the West Coast Sisters, as well as several other California women who had begun to practice self-help.
[6] Francie Hornstein, "Lesbian Healthcare," in *Lesbian Health Activism The First Wave: Feminist Writings from the Early Lesbian Health Movement,* December 1973, Feminist Health Press, box

clinics such as the one run by Dr. Frans Koome in Seattle. Koome often recruited women "off the table." That is, he asked women who came to him for procedures to join his staff as paramedics. These women performed D&Cs (a common method of abortion), did pelvic examinations and pre-abortion counseling, and stayed with women throughout their procedures. Self-help activists also observed paramedic training of returning Vietnam medics. These medics were mostly men, and though self-help activists approved of the model, they wished that a parallel program existed for women.[7]

Two Supreme Court cases, both announced on January 22, 1973, paved the way for self-help activists around the nation to open their own clinics.[8] In *Roe v. Wade,* the court ruled that the privacy clause of the 14th Amendment protected a woman's right to have an abortion. In the lesser-known companion case, *Doe v. Bolton,* the Supreme Court ruled that doctors could perform abortions outside of hospitals. This ruling, combined with *Roe*, allowed existing freestanding clinics (such as Planned Parenthood) to begin providing abortions, and allowed doctors and laywomen to begin opening clinics specifically for the purposes of providing abortions.[9]

9, folder 28: "Brochures/factsheets/publications: publication: *Lesbian Health Activism: the First Wave*, 2001" Records of the Mautner Project, Schlesinger.

[7] Christine E. Eubank, "The Speculum and the Cul-de-sac: Suburban Feminism in the 1960s and 1970s, Orange County, California," (PhD diss., University of California, Irvine, 2013), 106; Self Help Clinic One, "The Brown Baggers of the NOW Convention," in *Self-help Clinic Paramedic Politics*, Box 3, Health Collection, SSC; Nelson, *More Than Medicine.*

[8] Some women were able to open clinics before either of these cases, because they lived in states that liberalized abortion laws before 1973 or because they offered only gynecological services, not abortion. Among these clinics were the Los Angeles FWHC, the Somerville Women's Health Center (in Massachusetts), the Emma Goldman Clinic in Chicago (not to be confused the EGC in Iowa City, which opened in 1974), and the Elizabeth Blackwell Women's Health Center in Minneapolis.

[9] Katarina Keane, "Second-Wave Feminism in the American South, 1965-1980," (PhD diss, University of Maryland, College Park, 2009), 177-178.

Though a few self-help activists began providing services in clinics organized before 1973, following *Roe* and *Doe,* dozens of woman-controlled or feminist clinics sprang up around the country.[10] By 1973, there were at least 35 woman-controlled clinics operating in the U.S., on the West Coast, in the Midwest, and in the Northeast. Several more opened in the South over the next few years. Most claimed to operate with a "self-help philosophy." This meant that the clinic staff themselves collectively practiced gynecological self-help to learn about their bodies. It also meant that they offered care to clients in a self-help setting within the clinic.[11]

Most of the women who opened feminist clinics immediately following *Roe* had learned about self-help at a conference or women's group and lacked medical training. For example, several of the women who learned about self-help from the West Coast Sisters in Los Angeles founded their own clinics in other California cities.[12] Similarly, in Greater Boston, Massachusetts, Jennifer Burgess and Cookie Avrin met at a self-help presentation put on by Carol Downer in August 1973. Together with other interested women, they organized the First Annual Women's Health Conference, which brought 150 women together at the Boston YWCA. After the conference, a core group of women interested in opening a women's health center began meeting regularly. In February

[10] I refer to the clinics operating with a "self-help philosophy" interchangeably as "woman-controlled clinics," "feminist clinics," and "feminist health centers." The staff at these clinics referred to them in all of these ways.

[11] See Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunkswick: Rutgers University Press, 2002); Sheryl Burk Ruzek, *The Women's Health Movement: Feminist Alternatives to Medical Control* (New York: Praeger, 1978).

[12] Among these new clinic leaders were Lorraine Rothman and Laura Brown, the daughter of Carol Downer. Some women, like Francie Hornstein even moved to California after seeing a self-help presentation, so they could join the FWHCs there. Francie Hornstein interview by Hannah Dudley-Shotwell, Skype, June 2, 2015.

1974, the Women's Community Health Center of Boston (WCHC) officially incorporated and began hosting self-help groups. A few months later, the WCHC hired a doctor, Florence Haseltine, and began to provide abortions and birth control.[13] As other woman-controlled clinics sprang up around the country, they recruited women at local feminist events. In particular, they sought staff among the women who attended self-help presentations hosted by NOW chapters and on university campuses. In these early years, though many women saw a self-help presentation and then started clinics in their own cities, others moved across the country to join existing clinics.[14]

In most woman-controlled clinics, collective members contributed money to get the clinics off the ground. For example, at the Emma Goldman Clinic (EGC), at least one founder took out a student loan to fund the clinic. Two others borrowed money from their parents. One woman's parents paid the collective $400 to paint their house. EGC members even borrowed money from the doctor they were contracting to do abortions. He loaned them $1000 to be paid back in one year with 6% interest.[15] Often, other women's groups, including established clinics, gave money. As the WCHC tried to get off the ground in 1974, the Los Angeles FWHC sent $50 per week. Feminist writer and activist Robin Morgan organized a poetry reading to raise money for this clinic.[16]

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[13] Timeline of Women's Community Health Center, box 1, folder: "Women's Community Health Center, History, bylaws, and newsletters, 1975-1976 and undated," Hodne Records, IWA.
[14] Eubank, "The Speculum and the Cul-de-sac," 124-125.
[15] "Minutes," June 4, 1974, box 13, folder: "General Minutes, January 1973-Sept. 1974," EGCR, IWA.
[16] "In the Beginning… A Herstory of the Women's Community Health Center," box 1, folder 13, "Annual reports, 1975-1977, 1979," WCHCR, Schlesinger.

Though most woman-controlled clinics operated independently, some organized loosely in order to support each other. In 1975, several clinics, including three in California (closely affiliated with the West Coast Sisters), one in Detroit, and one in Tallahassee, founded the largest alliance of woman-controlled clinics, the Federation of Feminist Women's Health Centers, often simply called "the Federation."[17] In the early 1970s, staff of Federation clinics held a summer Institute Program to train anyone interested in self-help or in starting a woman-controlled clinic. Other clinics throughout the nation joined the Federation throughout the 1970s. The Federation also published self-help books, pamphlets, and films together, and supported each other in times of crisis. The philosophy was that a woman could walk into any of the Federation-affiliated clinics and receive the same care that she could receive in any other Federation clinic. Similarly, healthworkers could work in any of the clinics interchangeably, so they frequently filled in at each other's clinics on a rotating basis. To facilitate this system, Federation clinics organized supplies in the same manner and created a standardized method of communication.[18]

The largest and most successful alliance of woman-controlled clinics outside of the Federation was the Rising Sun Feminist Health Alliance. This group included woman-controlled clinics, women working for woman-controlled healthcare in mainstream medical settings, and women working independently toward woman-

[17] As many as twenty woman-controlled clinics joined the Federation over the next decade. Women's Health Specialists: The Feminist Women's Health Centers of California, accessed April 4, 2014, http://www.womenshealthspecialists.org/.
[18] Dido Hasper interview by Gayle Kimball, 1981, available http://www.womenshealthspecialists.org/images/pdf/interview%20with%20dido%20hasper.pdf.

controlled healthcare in the Northeastern U.S., from Maryland to Maine, and as far east as Pennsylvania.[19] They met semi-annually, mostly to network and offer moral and monetary support for each other's efforts.[20]

Most founders of feminist clinics cited their experiences of misogyny and disempowerment at the hands of physicians as motivating forces behind their decisions to establish alternative institutions. Deborah Nye linked her experiences with abortion as a seventeen-year-old in 1971 to her founding of the Emma Goldman Clinic in Iowa City. She lived in Cedar Rapids, but the nearest doctor willing to perform the abortion was in Missouri. Though she eventually got an abortion through the help of a clergy referral network, Nye was "ticked off that [she] felt so helpless." After the abortion, Nye went to a local doctor seeking birth control pills. He informed her that unmarried women were not permitted to have them. "Doctors were controlling people's destinies," she remembered. Nye began working with a referral service called the Women's Resource and Action Center (WRAC) and started organizing self-help groups. "We could bypass legislatures and the guys and do something for ourselves. This was a way for women to take power back." When the Supreme Court legalized abortion with *Roe* in1973, Nye and other activists convened within an hour of the decision and decided to turn WRAC into a clinic that offered abortions.[21]

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[19] "Northeast Alliance – Founding Weekend, October 27-29, 1978, Peterborough, New Hampshire," box 13, folder 9: "Rising Sun Feminist Health Alliance mailings and notes," 1978-1979, BWHBC, Additional Records, Schlesinger.
[20] Jessica Lipnack and Jeffrey Stamps, *Networking, the First Report and Directory* (Garden City, NY: Doubleday, 1982), 21.
[21] Marlene Perrin, "Nye Celebrates I.C. Clinic Milestone," *The Gazette*, August 3, 2003, J:1.

Gynecological Healthcare in Participatory Clinics

Practicing self-help in a clinic setting made it available and appealing to more women. When self-help practitioners opened woman-controlled clinics, they were able to offer traditional gynecological healthcare such as Pap smears and birth control pill prescriptions in line with self-help principles. Women who might otherwise have never experimented with self-help encountered it as part of their routine gynecological healthcare.

In a clinic setting, self-help took on new meanings. In addition to hosting self-help groups that taught self-exam, many clinics offered what they called "well-woman" groups in a participatory setting. "Well-woman" care reflected the self-help tenet that women should get to know their bodies *before* they became sick. Participatory clinics, where women learned basic gynecological skills, were much like pre-*Roe* self-help groups. By creating these groups, self-help practitioners redefined self-help to suit their needs in a clinic setting.[22]

No matter how much the staff emphasized an egalitarian ethos, moving self-help into a clinic setting made it a kind of service provided by healthworkers rather than a collective endeavor. It also deemphasized the political nature of gynecological self-help. Women who may not have considered themselves "political" or had an interest in women's liberation encountered self-help simply by seeking gynecological healthcare in a woman-controlled clinic. Though every woman who entered woman-controlled clinics learned about self-help, not every woman came to these clinics seeking such information.

[22] Participatory clinics went by a variety of names in different clinics.

For some women, feminist health centers were simply the most convenient option for gynecological care, typically because of location.[23]

To the women who visited feminist health centers, laywomen healthworkers were the most important members of the staff.[24] Healthworkers were women committed to self-help principles who typically had little or no medical training or experience yet occupied positions at clinics as paid staff members. Their duties included everything from taking out the trash to conducting self-exams with clients to assisting physicians doing abortions. New healthworkers began their training by observing more experienced healthworkers and then began assisting them in their duties. Healthworkers learned many of their skills in a group setting where they could practice on each other and on themselves and share experiences. These skills included a range of gynecological practices, such as conducting cervical and breast self-exams, taking and reading a Pap smear, recognizing common symptoms of sexually transmitted infections, and monitoring fertility by examining their cervixes and keeping track of their temperature.[25]

Healthworkers had to be comfortable using their own bodies in order to share information about healthcare with other women. Most woman-controlled clinics expected their staff to practice cervical self-exam on a regular basis and to demonstrate the procedure for clients. One clinic employee recalled attending a meeting for women interested in working at the Tallahassee FWHC. She said that about one-hundred-and-

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[23] Sheryl K. Ruzek, "Emergent Modes of Utilization: Gynecological Self-Help," in *Women's Health Care*, ed. Karren Kowalski, WNPC, Schlesinger.
[24] Not every woman-controlled clinic used the term "healthworker" to refer to the laywomen who did the bulk of the work in clinics. Some used "paramedics," or simply "clinic staff."
[25] "Orientation/Training Manual for Clinic Employees," April, 1984, box 10, folder: Orientation/Training Manual for Clinic Employees, FWHCR, SBC.

fifty women met to see the FWHC slideshow and learn about becoming a healthworker. When the organizers reached the slide about self-exam and told the audience that conducting self-exams was part of the job, at least seventy-five women left the room immediately.[26]

The law required feminist clinics to hire licensed physicians to provide abortions and write prescriptions. Laws varied by state, so some clinics were also able to employ nurse practitioners and physicians assistants to write prescriptions. Finding a doctor was often the most challenging part of opening a woman-controlled clinic. Even after *Roe*, many doctors, including those who considered themselves pro-choice, were unwilling to provide abortions because of the stigma attached to the procedure.[27] Many feminist clinics viewed doctors as "technicians;" they were there only to provide services that the law prohibited laywomen from providing. A doctor's status as a "technician" in a woman-controlled clinic often made it even harder for these clinics to secure their services. [28]

Feminist clinics required healthworkers to adopt a "self-help perspective" in all aspects of their work, which meant that they treated all women and all knowledge as equal. When she spoke with a woman in any context – in the clinic, on the phone, or in the community – a healthworker was supposed to share information in a non-

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[26] Marion Banzhaf interview by Sarah Schulman, April 18, 2007, ACT UP Oral History Project.
[27] See Carole E. Joffe, *Dispatches from the Abortion Wars: The Costs of Fanaticism to Doctors, Patients, and the Rest of Us* (Boston: Beacon Press, 2009); Carole E. Joffe, *Doctors of Conscience: The Struggle to Provide Abortion Before and After Roe v. Wade* (Boston: Beacon Press, 1995).
[28] Maureen McDonald, "For Women Only: Alternative Health Care," *The Medical Center News*, June 9, 1976, DFWHCR, WPRL.

authoritarian manner that conveyed that the woman was the expert on her own body. Clinic literature instructed healthworkers to treat conversations with other women about healthcare as learning experiences in which they could gather anecdotal data to share with other staff and clients.[29] The idea was that the knowledge a healthworker gleaned from talking with clients and doing self-help with them was as valuable as any information she could gain from reading a medical journal or talking to a physician.[30]

Self-help practitioners believed that a group setting was the key to providing egalitarian health care in clinics. They expected healthworkers to model their relationship with clients on the relationship between women in self-help groups by setting creating an atmosphere of "sisterhood." A widely distributed 1971 Federation circular proclaimed, "If this movement is to succeed, it will- only through SISTERHOOD… the concept of self-help stresses SISTERHOOD that makes possible the benefits from collective knowledge, collective experiences, collective training and especially the sisterly concern for one another."[31] Recognizing that a healthworker's status as an employee could still make her appear to be an authority figure, they took strategic steps to make healthworkers and other staff seem like equals to the other women in participatory groups. Healthworkers did not wear uniforms, and they did breast and cervical self-exam just like the rest of the group. One clinic worker at Washington

[29] Kathleen I. MacPherson, "Feminist Praxis in the Making: The Menopause Collective," (PhD diss., Brandies University, 1986), 226.
[30] "Orientation/Training Manual for Clinic Employees," April, 1984, box 10, folder: Orientation/Training Manual for Clinic Employees, FWHCR, SBC.
[31] "Self-help Clinic," 1971, box 4, folder: Self-help Clinic, FWHCR, SBC.

Women's Self-Help explained, "When [we]… facilitate a self-help group, we take off our pants before we ask anyone else to."[32]

Feminist self-help practitioners designed participatory clinics to stand in stark contrast to gynecological exams at doctor's offices. A conventional gynecological appointment included a one-on-one exam with a male doctor who rarely discussed a woman's health with her before offering a diagnosis or prescription. Self-help practitioners objected to almost everything about this model. In particular, they were opposed to the way a woman usually first met and interacted with their doctors: "strip[ped] from the waist down… on their backs, draped, with their feet in stirrups." Self-help practitioners believed that meeting in such a position was dehumanizing for women. They argued that it set up a clear hierarchy of power between a woman and her doctor. [33]

Self-help practitioners condemned the drape and stirrups, which they believed prevented women from getting visual information about their bodies and healthcare and did nothing to improve their health. One publication from the Federation stated, "The drape enforces the idea that women's bodies are the domain and property of doctors." The Federation argued that this position prevented a woman from seeing and participating in the exam. Moreover, the drape was "an unspoken statement that we should be embarrassed and ashamed of our vaginas and reproductive organs—that they

[32] Debra Brody, Sara Grusky, Patricia Logan, "Self-help Health," *Off Our Backs,* July 31, 1982, 14.
[33] The Federation of Feminist Women's Health Centers, "The Drape and Stirrups," box 62, folder: Participatory Clinic, FWHCR, SBC.

should be hidden from view."[34] Some self-help practitioners encouraged women in medical settings other than feminist clinics to discard the drape in a dramatic fashion by throwing it on the floor when the gynecologist entered the room. They suggested that if he tried to replace the drape, they should throw it on the floor again.[35] Self-help practitioners also argued that stirrups further mystified a gynecological exam and were not at all necessary for a doctor to see a cervix or feel a uterus. They argued that an interaction in which a woman lay on her back with her legs awkwardly spread created an unequal power dynamic between doctor and patient and discouraged women from asking questions.[36]

In contrast, healthworkers strived to make participatory clinics comfortable and welcoming places where women felt free to ask questions and learn about their bodies. Women who came to the clinic seeking birth control first met together as a group, as did women who needed pregnancy tests. Some groups were for lesbian woman only, menopausal women only, or for mother-daughter pairs. Other groups targeted women with a family history of cancer, women who struggled with yeast infections, or women who wanted to know more about vaginal infections. The group usually began with each woman telling her medical "herstory" to the rest of the group. Many feminists used this term as opposed to "history." According to one FWHC publication, "'Her story' is referred to as the herstory, pointing out the difference in the weight given a woman's self-reporting as opposed to the 'medical history' in which the physician's secondhand

[34] Ibid.
[35] Ellen Frankfort, *Vaginal Politics* (New York: Quadrangle Books, 1972), xii.
[36] "Federation of Feminist Women's Health Centers: The Participatory Clinic," box 62, folder: ACOG Action, FWHCR, SBC.

impressions and so-called objective observations made with measuring devices, are given much more credence." [37] Clients had access to their own medical records during the visit and were free to verify the information on them or even make changes.[38] They could also make copies of their records and take them home.[39] Clients and healthworkers shared information about preventative measures for common gynecological problems. Healthworkers demonstrated cervical and breast self-examination, and then women took turns conducting their own exams if they chose. In some participatory clinics, the group discussed birth control and did cervical cap (a non-hormonal method of barrier contraception) fittings.[40] They also often discussed the prevention, treatment, and cure of common health problems using both home remedies and prescription drugs, giving attention to both self-help remedies (such as applying yogurt for a yeast infection) and medical interventions. Some groups learned menstrual massage, did their own Pap smears, and learned IUD removal.[41]

Although one of the central tenets of pre-*Roe* self-help was group discussion, self-help activists understood that not every woman would be comfortable with sharing her experiences with strangers, and they made some allowances for these clients. Some clinics offered another option, an individual appointment with a healthworker, for a

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[37] Feminist Women's Health Center, "A Visit to a Clinic or Physician," August 15, 1978, box 6, folder: Women's Health in Women's Hands (8 of 9), FWHCR, SBC.
[38] Clinics nearly always referred to the women who visited their facilities as "clients," rather than "patients." This was a reflection of the connation of sickliness with the word "patient" and their belief that women needed care *before* they became sick.
[39] Feminist Women's Health Center, "A Visit to a Clinic or Physician," 78-79.
[40] "Cervical Cap (FemCap)," Planned Parenthood, accessed March 11, 2014, http://www.plannedparenthood.org/health-topics/birth-control/cervical-cap-20487.htm.
[41] "Specific Duties of Nurse in Abortion Clinic," box 9, folder: "Specific Duties of Nurse in Abortion Clinic," FWHCR, SBC, 5.

woman who felt uncomfortable in or could not find time to attend a participatory clinic. This individual appointment typically offered women much of the same information on self-help they could get in a participatory clinic but without the group discussion.[42] Self-help activists believed that even if a woman was not comfortable participating in a group, she could learn about self-help. "If you walked in the door and wanted our service, you [were] going to hear our spiel," one Tallahassee clinic employee recalled.[43]

Woman-controlled clinics attracted new clients and shared information about self-help with existing clients by disseminating newsletters. By accessing information about self-help this way, many women participated in the movement across distances. In a typical clinic newsletter, readers could find self-help tips, information about upcoming self-help presentations and groups, news of on-going groups, and facts about women's health. Examining the September 1975 newsletter from the Ames, Iowa FWHC shows the breadth of information a reader might encounter in a single issue. On one page, the FWHC included a column about at-home treatments for yeast infections, including vinegar douching and eating yogurt. The same page included a blurb encouraging readers to schedule a self-help presentation, saying, "We will travel around the state if you ask us." On the following page was a column with information about the "Mucus Secretion Cycle," which also encouraged women to attend an upcoming self-help workshop on using mucus secretion observations as birth control. The same page advertised the clinic's upcoming "Positive Pregnancy Group," a self-help setting for

[42] "Services of the Feminist Women's Health Center… Woman's Choice Clinic,"1976, box 1, folder 40: Correspondence, 1976, DFWHCR, WPRL.
[43] Banzhaf interview by Dudley-Shotwell.

women to talk about nutrition, breast-feeding, exercise, and childbirth alternatives. One page over, the newsletter described a self-help group that had begun meeting at the FWHC the previous summer. According to the newsletter, the group had enjoyed their time together so much that they decided to continue meeting on their own. On the same page, the clinic reprinted a column written by Francie Hornstein of the California FWHCs on "Assertiveness in the Doctor's Office." The FWHC newsletter also told readers how to get more information about self-help, including by checking out information from the FWHC, where they housed a self-help audio library "containing information on what self-help is, how to do physical self-help, explanation of the mucus secretion cycle and its use in determining ovulation, and other topics covered in self-help classes."[44]

In many clinics, women conducted their own pregnancy tests in small groups. These groups often included women who suspected that they were pregnant and were scheduled to have abortion later in the day or in the next few days. Other women in the group were there to learn if they were pregnant or not and were not necessarily going to seek abortions. Feminist clinics scheduled women from both groups (those potentially seeking abortions and those who were not) together in order to de-stigmatize abortion. By grouping women who were happy about their pregnancies with women who were not, the clinic sought to normalize both experiences. Each woman collected her own urine sample and brought it to a table. Clinic staff then gave the group instructions on placing a

[44] Ames, Iowa Feminist Women's Health Center, "FWHC Newsletter," September 1975, Volume 1, Issue 4, box 1, folder: " "Feminist Women's Health Center, minutes and newsletters, 1975," Hodne Records, IWA.

drop of urine on a slide, adding chemicals, and then agitating the liquid to see if it remained clear or turned cloudy. Clear indicated that a woman was not pregnant; cloudy with tiny particles meant that she was pregnant. The women in the group took turns telling each other whether they were happy or unhappy to learn that they were pregnant. Part of the philosophy behind testing as a group was to help women see that unplanned pregnancies did not have to be something a woman had to go through alone.[45]

Clinics offered "abortion groups" for women about to terminate their pregnancies**.** These groups often followed pregnancy test groups. Typically, two healthworkers and about three to six women having an abortion that day discussed every step of the abortion procedure together. Healthworkers encouraged group discussion and group members provided support for each other. One of the healthworkers stayed with each client as she had her abortion.[46]

Clinic leaders wanted healthworkers to model their relationships with abortion clients on the relationship between women in self-help groups. When a woman came to the clinic for an abortion, the healthworker's job was to help the client be comfortable and knowledgeable. Training manuals instructed healthworkers to describe in detail "the actual steps of the abortion and what sensations [other] women have felt." Healthworkers

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[45] Banzhaf interview by Dudley-Shotwell. The home pregnancy test became available in the U.S. in 1976. Office of NIH History, "A Timeline of Pregnancy Testing," accessed December 17, 2015, https://history.nih.gov/exhibits/thinblueline/timeline.html.

[46] "Service Protocols" April, 1987, box 7, folder: "Protocols- Old," FWHCR, SBC; Feminist Women's Health Center Review, "Feminists Wanted," December, 1979, box 15, folder 6: "Feminist Women's Health Center, Santa Ana, Calif., 1974-1979," WCHCR, Schlesinger.

also explained the risks of abortion and the importance of aftercare.[47] The role of the healthworker during an abortion was much like the role of the women assisting in a menstrual extraction in a self-help group. In a typical menstrual extraction, at least one woman worked the entire time to ensure comfort. She offered pillows, adjusted the lighting and music, and asked questions about cramping and discomfort. Similarly, during an abortion in a clinic, healthworkers did their best to help women relax. They might offer to hold a woman's hand or massage her abdomen and remind her to breathe.[48] A training manual used in Federation clinics instructed healthworkers to "use every minute available to establish a relationship of support and trust with the woman and to help her feel in control."[49] In the event of unusual circumstances, (e.g., if a woman had complications the day after an abortion and called or returned to the clinic for help on a day when no doctor was present), a healthworker also acted as a client's advocate. If necessary, the healthworker would accompany the woman to another medical facility, where she would "explain… procedures, solicit… information from medical professionals, and make… sure that nothing [was] done without the woman's complete knowledge."[50]

These were the ideals. Needless to say, clinic workers did not always meet these expectations. Clinics faced budget challenges that meant time was limited. Healthworkers

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[47] "Service Protocols"; "Feminist Women's Health Center Clinic Guidelines/Standardized Procedures," April, 1984, box 10, folder: "Clinic Guidelines/Standardized Procedures," FWHCR, SBC.
[48] "Service Protocols."
[49] "Feminist Women's Health Center Healthworking in the Exam Room/First Trimester Abortion Procedures Training," October, 1998, box 8, folder: "First Trimester Explanation/ Authorization & Consent," FWHCR, SBC.
[50] "Service Protocols."

did not always completely buy into the self-help philosophy. Attempts at maintaining a collective structure and conflicts over race and class led to burnout and disagreements. Conflicts over all of these issues played out in woman-controlled clinics across the country as women tried to balance their feminist ideals and self-help philosophy with the realities of keeping their doors open in the face of hostility from local competitors and state regulatory institutions.[51]

Conflicts Over Self-help Philosophy

In addition to offering self-help medical care, many woman-controlled clinics used a "self-help philosophy" to shape their organizational structure. This did not only mean that they organized their caregiving according to self-help tenets. It also meant that the clinic staff committed themselves to running their clinics in line with many of the principles valued by gynecological self-help groups, particularly group decision-making and a commitment to feminist principles. Internal conflicts over this philosophy arose often, and participants frequently aired their grievances to other members of the feminist movement.

For woman-controlled clinics, "feminist beliefs" were far more important criteria for hiring clinic staff than medical training or background. They often advertised under headlines reading "Feminists Wanted."[52] A survey of women's clinics in the late 1970s found that 84% required "feminist beliefs." How they determined these beliefs varied from clinic to clinic. Some specifically asked in the interview if a woman identified as a

[51] See Simonds, *Abortion at Work* for more on the daily struggles of working in a feminist abortion clinic.
[52] Feminist Women's Health Center Review, "Feminists Wanted."

feminist. Others asked if she participated in any groups that advocated for women's interests, such as NOW. Many self-help practitioners also felt that it was their duty to engage in other feminist causes alongside their work in the clinic. They saw this activism as intimately connected with their self-help philosophy. [53]

Because most clinic founders hailed from the pre-*Roe* gynecological self-help movement, they thought of their attempts at collective-decision-making, their commitment to egalitarianism, and their devotion to leftist politics, particularly feminist politics, as an extension of their self-help philosophy. Each clinic defined feminism in its own way, and conflicts between and within clinics over the definition of feminism arose often. In theory, everyone's opinion and knowledge was valued in the clinic, just as it was in self-help groups. Each member of the clinic rotated jobs and responsibilities. Everyone attended frequent (typically weekly) business meetings that often lasted four or five hours.[54] Some clinics paid all staff equally, no matter what responsibilities they took on. Others based pay on the number of months a woman had worked for the clinic.[55]

In most of the Federation clinics, clearly defined leaders emerged in the 1970s.[56] These leaders were usually clinic founders or other women who were able to devote large amounts of time to clinic operations. In theory, though these clinics had leaders, they still

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[53] Sandra Morgen and Alice Julier, "Women's Health Movement Organizations: Two Decades of Struggle and Change, June 27, 1991, box 1, folder 9: Articles, 1979-99, NWHNR, SSC, 9.
[54] Beverly Smith, "Development of an Ongoing Data System at a Women's Health Center," 1976, box 1, folders 1.4 and 1.5, WCHCR, Schlesinger, 107.
[55] Morgan and Julier, "Women's Health Movement Organizations," 9. Morgan and Julier, "Women's Health Movement Organizations," 9.
[56] The group of clinics discussed here did not formally become "The Federation" until a year after this incident, though they were allied closely together long before that. For simplicity's sake, I refer to them here as "Federation clinics." See Morgen, *Into Our Own Hands* 24-25.

tried to make decisions by consensus or committee as often as possible. In reality, this proved a challenge.

In the Federation, conflict over collectivism and self-help philosophy erupted almost from the very beginning. One such conflict played out in a very public arena: in the popular feminist periodical, *off our backs.* In 1974, a group of women at the Orange County FWHC quit because they "could not agree with the politics" of the clinic, and they "got tired of being oppressed and told how great it was."[57] In a letter to other woman-controlled clinics and self-help activists, Sharon Johnson of the Federation wrote that women who worked or trained in clinics should not be "too offended if you receive more criticism than praise." She warned that women working in clinics may have to pat themselves on the back instead of expecting others to do it and noted that there would often be no time for "positive reinforcement."[58] Several women who left the clinic felt that one leader, Eleanor Snow, was exerting too much control, speaking harshly, and treating the other staff as "shitworkers." The "Walkout 5," as the feminist media dubbed them, were not the only women to leave the Orange County clinic that year. Turnover in all of the FWHCs was quite high. The stressful atmosphere, the experimental nature of the organization, and the low pay led many women to leave. Others were "squeezed out" when they did not conform to the standards of the clinic. Some women reported that only

[57] "What is 'Feminist' Health?" *Off Our Backs,* June, 1974, 2-5.
[58] Sharon Johnson to All Institute Participants, "The Relationship between the FWHC and the Institute Program," July 1, 1974, box 14, folders 8-10: "Feminist Women's Health Center, Los Angeles, 1974-1977; includes correspondence with and reports by Carol Downer," WCHCR, Schlesinger.

those women in whom the leaders saw a well-developed "feminist consciousness" did well in the clinics.[59]

Shortly after the "Walkout 5" left the Orange County FWHC, Downer published an article called "What Makes the Feminist Women's Health Center, 'Feminist.'" In this piece, initially published in the much smaller feminist periodical, *The Monthly Extract,* and later reprinted in *off our backs,* Downer wrote that it was neither "total collectivity" nor "the absence of a hierarchy" that made the FWHCs feminist. These clinics were feminist because they were "woman-controlled" and worked "toward achieving feminist goals." She argued that because any woman who worked at the FWHCs understood that her labor was "contributing solely to the… betterment of her sex… she can rest assured that she will never be exploited." Though she acknowledged that there was a hierarchy in FWHCs, Downer insisted that there was "no labor-management split," and any who woman believed that there was such a split lacked "feminist consciousness." "Since a woman may not recognize where her true interest lies, she may not value the goals of the FWHC (to take over women's health care). She will then feel exploited, because the fruits of her labor are being used to further the cause that she does not identify as her own." Downer asserted that even though time constraints prevented every member of the clinic from participating in every decision, since the women making decisions "had the same interests" as the other women at the clinic, the whole group could be confident in the leaders' choices.[60]

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[59] "What is 'Feminist' Health?" 2-5; Eubank, "The Speculum and the Cul-de-sac," 121.
[60] "What is 'Feminist' Health?" 2-5.

In response to this inflammatory article, *off our backs* interviewed eleven former members of the Orange County FWHC, including a few who had walked out in protest. Because *off our backs* contacted them for a quotation, the Federation was aware that the article was forthcoming. Francie Hornstein of the Los Angeles FWHC wrote a letter to other leaders of feminist health centers telling them to expect a "yellow journalistic article."[61] *off our backs* published selections of the transcript of the interview. Next to the transcript, *off our backs* reprinted Downer's "What Makes the Feminist Women's Health Centers 'Feminist.'"[62]

The *off our backs* interviewees argued that the self-help philosophy was not actually operating on an organizational level in the California clinics. Claiming that the FWHC or "Downer Dynasty" exploited its workers and cared more about making money from abortions than about the women it employed, they challenged the FWHC on its claim to represent feminism: "We think that the FWHC should remove the word 'feminist' from its title, or begin to act as feminists." They accused the FWHC of being "sexist, racist, and ageist" and maintaining a "fascist" structure. They felt as if the leadership left them out of important decisions and took all of the desirable jobs, leaving the healthworkers to do the "shitwork."[63]

Several of the interviewees claimed that moving self-help into a clinic setting compromised the original goals of the movement. One interviewee said, "The idea of

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[61] Francie Hornstein to Jennifer, Courtney, Lolly, Mary, Ellen, Linda, and all, June 10, 1974, box 14, folders 8-10: "Feminist Women's Health Center, Los Angeles, 1974-1977; includes correspondence with and reports by Carol Downer," WCHCR, Schlesinger.
[62] "What is 'Feminist' Health?" 2-5.
[63] Ibid.

self-help has become a company and professionalized."[64] Members of the Detroit Women's Health Project had recently voiced a similar concern. This group formed in 1972, a few years before the Detroit FWHC, a Federation clinic. Around the same time as the "Walkout 5" interviews, the Health Project reported that "When the FWHC established an office in this city earlier this year, we were told that continued use of the term "self-help clinic" in our publicity would be considered legally improper." The Health Project and its supporters argued that feminist clinics were too "bureaucratic." They thought that teaching self-help in a smaller, collective setting was more effective.[65]

According to the *off our back* interviewees, the "Downer Dynasty" claimed that they "owned" self-help. They reported that another group of women who used to work for a FWHC tried to start their own women's center in Orange County and do self-help presentations for the public. One interviewee stated said that the Federation clinics believed self-help was their "property."[66] She also said, "No one near an FWHC would dare to hold a neighborhood "Self Help" group without the FWHC present. Institutions here in Orange County are outspokenly fearful about having anyone but the FWHC do a "Self Help" presentation for them."[67]

Federation clinic leaders were angry at the interviewees and *off our backs* and felt an urgent need to reply. In a memo to other woman-controlled clinics, Francie Hornstein reported that the initial *off our backs* article "really knocked the wind out of us." She also said, "We have no respect for the women who wrote the article or the women who

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[64] Ibid.
[65] "More FWHC," *off our backs,* August-September, 1974, 22.
[66] Underlining in original.
[67] "What is 'Feminist' Health?" 2-5.

published it." [68] Downer, Rothman, and another clinic leader, Eleanor Snow, wrote a lengthy rebuttal to the *off our backs* piece. It included a 72-point appendix refuting various elements of the original article. They disputed the claim that the FWHCs had tried to establish a monopoly on self-help. The three women wrote, "FACT: Self-help belongs to all women." They described their efforts to help other women's groups start self-help clinics in both the U.S. and internationally. They also explained that they were always willing to do self-help presentations for local groups, and they encouraged these groups' "independence," since FWHC resources were limited. On the other hand, they wrote, "Starting a rival Self Help Clinic in our area would be similar to starting a rival Rape Crisis Line. There is so much work to be done that people should not go around starting projects that a women's group has already put energy into." These three leaders did not view other forms of self-help as an expansion of the services that women could offer to other women or as an improvement in the healthcare system. Instead, anyone else doing self-help in the vicinity was a "rival." Downer, Rothman, and Snow believed that it was their duty to exercise quality control over self-help. They wrote, "We have the responsibility to see that principles of Self Help are upheld in self-help groups in our community." In their view, there was a right way and a wrong way to do self-help. Their way was the right way. [69]

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[68] Francie Hornstein to "Folks," June 10, 1974, box 14, folders 8-10: "Feminist Women's Health Center, Los Angeles, 1974-1977; includes correspondence with and reports by Carol Downer," WCHCR, Schlesinger.

[69] Carol Downer, Lorraine Rothman, Eleanor Snow, "FWHC Response," *off our backs,* August-September, 1974, 17-20.

As the conflict played out in *off our backs,* many contributors and readers of the popular women's periodical took sides. The newsjournal itself came down firmly against the "Downer Dynasty." One article, signed by fifteen *off our backs* writers, stated, "The structure of the FWHC is inimical to the concept of self-help and feminism."[70] Some readers thought the *off our backs* interview was an "Excellent bit of journalism" and a "courageous move "on behalf of the ex-workers and the newsjournal.[71] Others saw it as "a contemptible piece of counter-revolutionary guilty jealous nonsense" and felt that *off our backs* would serve readers better by exposing the actions of misogynistic doctors and "women who are collaborating with the enemy rather than those fighting the patriarchal system."[72]

Race, Class, and Sexuality in Feminist Clinics

Conflicts among staff of woman-controlled clinics also revolved around issues of race and class. Many clinics worked hard to diversify both their staff and their clientele but were not always successful. Some clinics, such as the Berkeley Women's Health Collective, established a minimum number of staff positions that had to be filled by women of color.[73] Many clinic leaders and staff seemed to genuinely believe the women who needed self-help the most were women who could not afford mainstream medical care. Some clinics were purposefully located in working class neighborhoods in hopes of

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[70] "Positions of Greatness," *off our backs,* June 30, 1974, 1.
[71] "More FWHC," 22; Dell Williams, Jane Field, Teresa Hoover, Joanne Parrent, Valerie Klaetke, Deborah A. Davis, Cathy Cade, and Brenda Carter, "Responses to FWHC," *off our backs,* July, 1974, 26.
[72] Williams, et al., "Reponses to FWHC," 26.
[73] "Feminist HealthCare: A Continuum," *Santa Cruz Women's Health Center Newsletter,* Fall 1985, Number XXXIX, Carton 7, WNPC, Schlesinger.

making it easier for local women to visit.[74] When Byllye Avery and a few friends opened the Gainesville Women's Health Center, more than half of their abortion clients were black women, though black women were only around 20% of the Gainesville population.[75] On the other hand, the Gainesville clinic rarely attracted women of color for well-woman services even when they publicized their services in church bulletins and mailings to African American neighborhoods. Instead, young white women from the University of Florida flocked to the well-woman clinics. Avery recalled feeling disappointed and unsure how to reach black women.[76] Similarly, a Tallahassee FWHC employee, Marion Banzhaf, recalled that this clinic attracted a wide range of women for abortion and birth control services, but were "all white all the time" in participatory well-woman clinics.[77]

Some women believed that gynecological self-help was not the solution to the health problems of women of color and poor women. One *off our backs* article explained the dearth of poor women and women of color in self-help clinics. "Self-exam is unrealistic compared to welfare, housing, nutrition, women beaten and juvenile delinquency," Celene argued, suggesting that feminist clinics in working class

[74] Celine, "A View on Feminist Clinics," *off our backs,* August 31, 1976, 22-23; Banzhaf interview by Dudley-Shotwell.
[75] Byllye Avery interview by Loretta Ross, Voices of Feminism Oral History Project, Sophia Smith Collection, Smith College, Northampton, MA 01063.
[76] Avery VOFOHP interview; Keane, "Second-Wave Feminism in the American South," 201.
[77] Banzhaf interview by Dudley-Shotwell.

neighborhoods should expand their services to address issues that would resonate with working class clients, such as healthy nutrition.[78]

A conflict over racism and the dissemination of self-help practices led the Tallahassee FWHC to leave the Federation. The clinic, like many other woman-controlled clinics, was widely involved in leftist political movements. In the late 1970s, several women from the Zimbabwe African National Union (ZANU), a guerilla group fighting for Zimbabwean independence from colonial rule, visited Tallahassee and met with the members of the FWHC. Clinic staff showed the ZANU women the Del-Em and demonstrated self-exam. When they asked the ZANU women how the clinic could help them in their independence efforts, the ZANU women requested donations of money and sanitary napkins for women involved in guerilla warfare. The Tallahassee clinic agreed, but they thought that they could increase their impact if they asked the Federation to provide additional help. Downer travelled to Tallahassee to discuss providing aid. She wanted to help but believed that sending the Del-Em and literature on menstrual extraction should be part of any help the Federation offered to the ZANU women. Recalling this conflict, Banzhaf said she thought that it was fairly obvious that the ZANU women were not interested in receiving menstrual extraction technology and literature. "Really, the guerrilla fighters needed sanitary napkins because there's no opportunity to set up a little self-help clinic out in the bush." Banzhaf recalled that in the meetings where the Federation and the Tallahassee FWHC quarreled over this issue, "'You're so racist,' got hurled around" a lot." The Tallahassee leaders felt that Downer and the

[78] Celine, "A View on Feminist Clinics," 22-23. *off our backs* contributors frequently used only their first names.

Federation should respect the wishes of the ZANU women rather than maternalistically assuming that they knew what the guerilla fighters really needed. Downer believed that it was more important to provide them with liberating technology. As a result of the disagreement, the Tallahassee FWHC decided to split from the Federation.[79]

At the Emma Goldman Clinic, there were several "heated" discussions over providing services for women at nearby University of Iowa. Some clinic staff feared that seeing too many women from the university did not leave enough time for them to accept "underprivileged" clients. Others were afraid that if they turned away university women seeking care in a self-help setting, then they would alienate them and lose important allies. Ultimately, the clinic decided to continue allowing students to come to the clinic. After a student's first visit, they would encourage her to make future appointments somewhere else and take a patient advocate from EGC with her.[80]

Often depending on where the health center was located, clinic employees felt varying degrees of comfort over being "out" as lesbians. In Tallahassee, for example, Banzhaf recalled, "The lesbian community was sort of separatist… They thought we were abetting the enemy because we were helping all these heterosexual women who were getting abortions and stuff." She also recalled that "even though we were just about all lesbians who worked at the health center," clinic employees felt that they could not be out. Clinic workers feared that "people wouldn't come to us if they knew we were

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[79] Banzhaf interview by Dudley-Shotwell. Teresa Barnes, "Not Until Zimbabwe is Free Can We Stop to Think about It: The Zimbabwe African National Union and Radical women's Health Activists in the United States, 1979," *Radical History Review* (2014): 53-71.

[80] "Gyn Committee Meeting," November 28, 1974, box 13, folder: "Clinic committee, 1974-1977," EGCR, IWA; "Gyn Committee Meeting," December 6, 1974, box 13, folder: "Clinic committee, 1974-1977," EGCR, IWA.

lesbians, because especially when we were doing pelvic exams… that people's homophobia and heterosexism would keep them away."[81] On the other hand, in Los Angeles, Francie Hornstein felt comfortable and excited about being identifying as a lesbian at the health center. She thought it was important to set an example to other lesbian women as a woman who was comfortable talking about sex and doing self-help.[82] "The health centers were totally inclusive… and there were a *lot* of lesbians who worked at the health centers," Hornstein recalled.

Most woman-controlled clinics claimed that their services were equally beneficial to both lesbian and straight women, but in practice, it is difficult to discern whether woman-controlled clinics successfully "included" their lesbian clients. For example, the Emma Goldman Clinic found that many lesbian women in Iowa City were uninterested in seeking care at EGC because "clinic services were too oriented toward contraception and reproductive health." EGC staff disagreed with this assessment, arguing, "Lesbians were failing to make the connection between some of the medical issues and their own health needs as women, regardless of sexuality." In response to local women's critiques that the EGC exhibited heterosexism, the clinic created posters, flyers, and pamphlets outlining the available health information for lesbian women and discussion the challenges they face in receiving healthcare.[83]

Lesbian women in self-help groups were also often interested in finding culturally sensitive providers. In the section on lesbian healthcare in the 1971 edition of *Our*

[81] Banzhaf interview by Sarah Schulman, 21-22.
[82] Hornstein interview by Dudley-Shotwell. Emphasis in inflection.
[83] Paula Klein, "Health Needs Assessment in a Lesbian Community," September 10, 1980, box 44, folder: "Lesbian Health Issues," EGCR, IWA.

Bodies, Ourselves, the Gay Women's Liberation Collective wrote, "Gynecologists pose a special problem… when we tell them [that we are gay], not only are we subjected to lectures, snide comments and voyeuristic questions, but we may find that, after all, they are totally ignorant about our problems."[84] Lesbian women also faced discrimination from hospitals and insurance companies regarding spousal consent and coverage. Discrimination often discouraged lesbian women from seeking routine preventive care.[85] Hornstein, wrote, "The early women's [health] movement dealt with abortion and contraception. It is naïve to think that those issues are irrelevant to us, as lesbians. They are vital to all of us who are feminists in light of the use of women's bodies by men for their purposes – from rape to population control."[86]

Over time, lesbian women developed lesbian-health services within existing feminist health centers and created their own self-help groups. Women met to dialogue about topics such as coming out to a doctor, infection transmission between same-sex partners, which healthcare procedures were equally important for lesbian women, and

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[84] Gay Women's Liberation Collective, "In Amerika They Call Us Dykes," quoted in "Lesbian Health Care: Issues and Literature," in *Lesbian Health Activism The First Wave: Feminist Writings from the Early Lesbian Health Movement,* December 1973, Feminist Health Press, box 9, folder 28: "Brochures/factsheets/publications: publication: *Lesbian Health Activism: the First Wave*, 2001" Records of the Mautner Project, Schlesinger. This document, reproduced in *Lesbian Health Activism,* was originally from *Our Bodies, Ourselves.*

[85] Mary O'Donnell, "Lesbian Health Care: Issues and Literature," in *Lesbian Health Activism The First Wave: Feminist Writings from the Early Lesbian Health Movement,* December 1973, Feminist Health Press, box 9, folder 28: "Brochures/factsheets/publications: publication: *Lesbian Health Activism: the First Wave*, 2001" Records of the Mautner Project, Schlesinger.

[86] Hornstein, "Lesbian Healthcare."

donor insemination. They did breast and cervical self-exam and learned to do Pap smears as most other gynecological self-help groups did.[87]

Confronting Challenges from Local Doctors and Government Officials

Self-help activists working in woman-controlled clinics faced challenges from doctors and state regulatory organizations. Competition with local doctors and other clinics brought self-help practitioners into a variety of legal battles and took away potential clients. Regulation by the state increased costs and forced some clinics completely out of business. Many of the disputes that the clinics entered into with authorities centered around their self-help philosophy, particularly the idea that women needed to wrest control away from mainstream medicine. Such opposition was a testament to the fact that feminist clinics successfully challenged and put pressure on the mainstream medical model.[88]

In 1972, one of the earliest woman-controlled clinics, the Los Angeles FWHC, faced a legal challenge to their ability to practice self-help in a clinic setting. This clinic began experiencing harassment from a local doctor that summer, fueled by their inflammatory literature. Outraged by feminist publications with titles such as "Women's

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[87] Berkeley Women's Health Collective, "Lesbian Clinic" flyer in *Lesbian Health Activism The First Wave: Feminist Writings from the Early Lesbian Health Movement,* December 1973, Feminist Health Press, box 9, folder 28: "Brochures/factsheets/publications: publication: *Lesbian Health Activism: the First Wave*, 2001" Records of the Mautner Project, Schlesinger; Feminist Women's Health Center, "Lesbian Well-woman Clinic," flyer in in *Lesbian Health Activism The First Wave: Feminist Writings from the Early Lesbian Health Movement,* December 1973, Feminist Health Press, box 9, folder 28: "Brochures/factsheets/publications: publication: *Lesbian Health Activism: the First Wave*, 2001" Records of the Mautner Project, Schlesinger.

[88] Grassroots antiabortion activists made it difficult for clinics to focus on offering services like participatory clinics by diverting attention to getting women past anti-abortion forces and into the clinic. This chapter focuses on challenges from the state and from medical institutions here. Chapter 5 examines challenges from grassroots activists and one response from self-help activists.

Self-help Clinic: OR What To Do While the Physician is on His Bread-filled Ass,"[89] the doctor reportedly called the Los Angeles FWHC and ordered them to "change [their] literature" because he "didn't like the way [they] attacked gynecologists." The doctor said he, "wouldn't put up with" the clinic if they refused to change their literature.[90] The FWHC ignored the doctor and its staff continued to share their views about mainstream medicine.[91]

In September 1972, in an event that would become a feminist legend and ultimately boost the image of self-help around the nation, the police raided the Los Angeles FWHC. One doctor, three uniformed policemen, and a several plainclothes investigators confiscated four trunk-loads of files, books, clothes, furniture, medical supplies, and medical equipment. According to *The Los Angeles Sentinel,* some of the clinic inspectors "made passes" at the women who were there at the time. The staff suspected that the doctor who had made the threatening call several months earlier was the impetus behind the raid.[92] One self-help activists recalled that it was "like a gynecological treasure hunt" for the police, who had an extensive list of objects they intended to confiscate. They seized extension cords, speculums, various types of birth control (including IUDs, pills, and diaphragms) and Del-Ems. They also removed a pie tin, a measuring cup, and a carton of strawberry yogurt from the refrigerator. According

[89] West Coast Sisters, "Women's Self Help Clinic or: What to do while the physician is on his bread filled ass," 1971, box 62, folder: Participatory Clinic, FWHCR, SBC.
[90] "Police Raid Women's Do It Yourself Clinics," *Los Angeles Sentinel,* September 28, 1972, A1.
[91] Hasper interview. Some sources report that two women attending the group were undercover policewomen. See New Moon Publications, "SOS SOS SOS, Save Our Sisters!" September 1972, *The Monthly Extract: An Irregular Periodical*, Vol. 1, Issue 1-a, WNPC, Schlesinger.
[92] "Police Raid Women's Do It Yourself Clinics," A1.

to rumor, one staff member exclaimed, "You can't have that! That's my lunch."[93] This led members of the feminist community to begin referring to the raid as "The Great Yogurt Conspiracy." The Los Angeles FWHC called the raid a "feminist rape" because they felt so violated by the forceful invasion and seizure of their property.[94]

The police brought warrants for the arrests of Carol Downer and Colleen Wilson on charges of practicing medicine without a license. The clinic soon discovered that the Los Angeles police had had them under surveillance for six months. The police charged Wilson with helping women fit diaphragms and for giving out birth control pills, hypodermic needles, and pregnancy tests, and drawing blood.[95] She pled guilty on one count: practicing medicine without a license because she fit a woman with a diaphragm. The court fined her $250 and sentenced her to two years' probation. Downer protested the punishment, saying that fitting a diaphragm was just like fitting a shoe. The city also charged Downer with practicing medicine without a license for showing a woman how to do self-cervical exam and recommending that she use yogurt to fight a yeast infection. Downer decided to stand trial for these offenses.[96]

Women and men around the nation rallied to support Downer in her trial and in the process, disseminated information about self-help across the nation. Some compared Downer and Wilson to suffragists and early birth control advocates such as Margaret

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[93] Stephanie Caruana, "Great Yogurt Conspiracy," January 1973, *off our backs*, 7.
[94] Feminist Women's Health Center, "Feminist Rape," September 23, 1972, box 3, Health Collection, SSC.
[95] New Moon Publications, "SOS SOS SOS, Save Our Sisters!"
[96] Gena Corea, "Self-help Groups," in National Women's Health Network Resource Guide 7, *Self-help*, box 50, folder 1g: "Resource Guides 1980 Self Help #7," NWHNR, SSC.

Sanger who went to jail for women's rights.[97] *The Monthly Extract* reported that outspoken feminist Congresswoman Bella Abzug stated that the trial was nothing less than a test case to determine whether women were allowed to examine their own bodies.[98] Dozens of women called and wrote to Downer and the FWHC offering encouragement. Several famous personalities, including Gloria Steinem, Robin Morgan, and Dr. Benjamin Spock publicly declared their support. The Federation reported that "support from hundreds of women came in the form of donations and affidavits stating that they had used a speculum."[99] Many sent money for the defense. Others demanded publicly that the state provide a definition for practicing medicine. Did this include diagnosing measles? Administering an enema for a sick child? If a person thought that applying yogurt to a cold sore on her mouth might help her condition, would she be in trouble for trying this remedy? What about self-exam? Was simply looking at one's own vagina illegal?[100] Downer asked one doctor involved in her trial whether a mother diagnosing her child's illness would qualify as practicing medicine without a license. He replied, "Well, we can't do anything about *that.*"[101] Feminist anthropologist Margaret Mead told the *LA Times*, "Men began taking over obstetrics, and they invented a tool…

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[97] Sheryl Kendra Ruzek, "The Women's Health Movement: Finding Alternatives to Traditional Medical Professionalism," (PhD diss., University of California, Davis, 1977), 103-104.
[98] Eubank, "The Speculum and the Cul-de-sac," 129.
[99] "Practicing Health without a License," November 16, 1978, box 6, folder: Women's Health in Women's Hands (7 of 9), FWHCR, SBC.
[100] Corea, "Self-help Groups."
[101] Federation of Feminist Women's Health Center, "The Grassroots of Self-Help," box 3, folder: "Lesbian/Women's Health Organizations," LHRC, SBC. Emphasis in original.

to look inside women. You would call this progress, except that women tried to look inside themselves, this was called practicing medicine without a license."[102]

Mother-daughter team Lolly and Jeanne Hirsch's newsletter, *The Monthly Extract,* was especially vocal about the case. They wrote, "THIS CASE CONCERNS EVERY WOMAN WITH A BODY THAT SHE WANTS TO OWN AND CONTROL!" Headlines throughout the newsletter read, "EMERGENCY" and "SOS… SAVE OUR SISTERS…SAVE OURSELVES." The mother-daughter pair suggested that women send notarized affidavits stating that they had performed self-exam and explaining how it benefited them personally. They also recommended that women try to obtain letters from sympathetic medical personal on the importance of self-help and paramedic training. Hirsch and Hirsch said they believed it was odd that doctors had long advised women to do breast self-exams, but cervical self-exams caused such a stir. The mailing went to everyone who usually received the *Monthly Extract,* as well as all of the presidents of local NOW chapters around the nation.[103]

Downer's main defense was that the statute that prohibited laypeople from "diagnosing and treating" was too vague. She argued that if the state truly enforced this law, a person could not pass a sneezing friend a tissue or bring over chicken soup for a cold.[104] Downer told the press, "Our self-help clinics are much simpler than a Red Cross first aid course … If we were arrested for what we did, then most of the mothers in the

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[102] Rosetta Reitz, *Menopause: A Positive Approach* (New York: Penguin Books, 1977), 98.
[103] New Moon Publications, "SOS SOS SOS, Save Our Sisters!"
[104] Judith A. Houck, "The Best Prescription for Women's Health: Feminist Approaches to Well-Woman Care," in *Prescribed: Writing, Filling, Using, and Abusing the Prescription in Modern America,* ed. Jeremy Greene and Elizabeth Siegel Watkins (Baltimore: John Hopkins University Press, 2012), 134-135.

nation should also be in jail." [105] Jeanne Hirsch asked "What man would be put under police surveillance for six months for looking at his penis? What man would have to spend $20,000 and two months in court for looking at the penis of his brother?"[106]

The state's main witness, Sharon Dalton, claimed that Downer had offered to perform an abortion or insert an IUD for her. The defense proved that she had not even been at the clinic on the date that Dalton claimed they spoke, and Downer was acquitted of all charges.[107] In response to the verdict, feminist Deborah Rose said, "Women in California now have the right to examine their own and each other's bodies… Amazing to me that we have to win that right."[108]

Perhaps the most significant result of "The Great Yogurt Conspiracy" and the subsequent trial was national attention on self-exam. *Time, Newsweek*, and the *New York Times* covered the event, as did a variety of local papers.[109] After the trial, self-help practitioners found themselves barraged with interest in the use of the plastic speculum and requests for self-help presentations. Self-help activists across the nation saw the trial as "a great victory for self-help and for women taking control of their bodies." Ironically,

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[105] "Police Raid Women's Do It Yourself Clinics," A1.
[106] Ruzek, "The Women's Health Movement," 105.
[107] Caruana, "Great Yogurt Conspiracy." Other sources spell Dalton's first name "Sharyn." See Mariana Hernandez, "Self-help Clinic Director Acquitted in L.A.," *The Militant,* December 22, 1972, box 2, Health Collection, SSC.
[108] Gena Corea, "Self-help Groups," in National Women's Health Network Resource Guide 7, *Self-help*, box 50, folder 1g: "Resource Guides 1980 Self Help #7," NWHNR, SSC.

[109] "Verdict Believed Near in Coast Trial of Feminist Charged With Practice of Medicine Without License," *New York Times,* December 3, 1972.

attempts to squelch self-help activities only gained more attention for the movement and piqued more women's interest in self-help techniques. [110]

Tallahassee FWHC vs. Local Doctors

During this era, doctors around the nation expressed concerns that their profession was "under siege." In addition to competition and challenges from the women's health movement, mainstream physicians faced competition from the natural and holistic health movements. These movements, which emerged largely from counterculture groups, encouraged healthcare consumers to explore alternative healthcare providers such as chiropractors, naturopaths, and psychics, and alternative remedies, such as herbs, massage, and vitamins.[111] In an address to the American Congress of Obstetricians and Gynecologists in 1979, President Martin Stone, MD exhorted his colleagues to "Take offensive [*sic*] against the faddists who would supplant proven excellence within the medical profession with popular mediocrity."[112]

Because the law required feminist clinics to hire a licensed physician to perform abortions, another challenge the FWHCs faced was finding sympathetic male doctors. Feminist clinics tried to hire female doctors whenever possible, but so few women were licensed physicians that this often proved impossible. Even when they widened their net and hired men, many feminist clinics struggled to find doctors willing to work in a woman-controlled facility. The stigma surrounding abortion made many doctors fear

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[110] Hasper interview,15; Reitz, *Menopause,* 98; Morgen, *Into Our Own Hands,* 23-26.
[111] See Hans A. Baer, *Biomedicine and Alternative Healing Systems in America: Issues of Class, Race, Ethnicity, and Gender*, (Madison: The University of Wisconsin Press, 2001).
[112] Jessica Lipnack, "A Special Report: The Women's Health Movement," *New Age*, box 1, folder 9: "Articles, 1979-99," NWHNR, SSC.

ridicule from their colleagues and communities and danger from extremist anti-abortion activists. Self-help activists had criticized physicians since the 1960s, and this disdain often led doctors to shy away from working in woman-controlled clinics. Feminist clinics often prohibited doctors from wearing white lab coats and asked them to go by their first names in the clinic in order to put them on an equal plane with other employees and clients.[113] A few doctors reported that the clinic discouraged them from talking to patients at all.[114] Dr. Ben Major, who performed abortions for the Oakland clinic, reported that he stopped working there because "They wanted a person to come in and do the abortions with his mouth shut." He told a reporter that the clinic would have been better off with "a deaf-mute ob/gyn or… a chimpanzee to do abortions."[115]

The conflict between Emma Goldman Clinic (EGC) staff and Dr. Peter North illuminates the kind of conflicts that existed between heathworkers and doctors in many feminist clinics. When the clinic opened in 1974, EGC contracted North to provide abortions. Meeting minutes indicate that collective members were nervous about his attitude even before the clinic opened its doors. North told the group that he did not want them present in his office for abortions. EGC Collective members reported that he was generally "unresponsive" and "vague about time and energy commitment." The woman taking minutes noted that "we're unfortunately dependent on North for time allowances,

[113] Eubank, "The Speculum and the Cul-de-sac," 132.
[114] Martha Shelley, "What is FEN?" 1976, box 1, folder: "FEN (Feminist Economic Network), 1976," DFWHCR, WPRL.
[115] Kathy McManus, "Practicing at Medicine," April 1981, *New West*, box 47, folder 9: "Collaborations. Feminist Women's Health Center, Los Angeles, California [transcript of meeting following August 25, 1976 meeting of Abortion League; newsletters, clippings, etc., 1981], BWHBC Records, Schlesinger.

which, when dealing with an apparently lazy male, is disgustingly restrictive and oppressive."[116] After North worked at the clinic for about two years, meeting minutes continued to reflect a power struggle. For example, minutes from March, 1976 reported that North often criticized other staff in front of clients.[117] He also spoke to clients in a way that collective members found offensive. One collective member, Susan Miller, reported to the group that a client was "brought to tears" by North's attitude during a difficult pelvic exam. [118] North told the client that her "muscles were so tight he couldn't do a pelvic." Miller reported that he raised his voice, used an angry tone, and "repeatedly told [the client] to relax." Miller noted that this was not the first time North had behaved this way. She argued that the reason he acted this way was both "his own frustration at being 'resisted' by the woman's body" and his feeling that he should be in a position of authority over the client.[119] Another healthworker reported that he was often "hostile, punitive, impolite, patronizing, impossible to deal with… acting like a classic male pig doctor." She was tempted to leave the clinic because of his behavior.[120] The clinic advertised for another doctor in both feminist and medical periodicals, but only a handful of doctors responded.[121] Those who did respond proved equally incompatible, usually

[116] "Full-time staff" to "Monday night meeting," box 13, folder: "General Minutes, January 1973-Sept. 1974," EGCR, IWA.
[117] "Meeting with Dick," March 4, 1976, box 13, folder: "Doctors' committee, 1975- 1978, 1980," EGCR, IWA.
[118] The archival records from this particular clinic require users to keep staff members' names anonymous, so Susan Miller and Peter North are pseudonyms.
[119] Deb, "C/SC for Meeting with Dick," April 15, 1976, box 13, folder: "Doctors' committee, 1975- 1978, 1980," EGCR, IWA.
[120] Adele to Ab Committee, box 13, folder: "Doctors' committee, 1975- 1978, 1980," EGCR, IWA.
[121] "Dr.'s Committee Statement," box 13, folder: "Doctors' committee, 1975- 1978, 1980," EGCR, IWA.

because they seemed "patronizing."[122] After many months struggling to find a doctor and dealing with North, the clinic even considered setting up a scholarship to help a woman medical student graduate in exchange for her agreeing to work in the clinic after she graduated. In spite of these differences, EGC continued to employ North, because they could not find anyone else more suitable.[123]

In Tallahassee, Florida, the conflict between self-help and mainstream medical providers came to a head in events that made national headlines. The Tallahassee FWHC, which employed two doctors, offered first-trimester abortions for a $150, while most other local doctors charged between $200 and $250. Local doctors began to feel threatened. An article in the *Tallahassee Democrat*, published about a year after the FWHC opened, worsened the relationship between the clinic and local doctors. The *Democrat* compared the fees of an FWHC abortion with the fees of local doctors, noting the large discrepancy. Citing an interview with FWHC Director, Linda Curtis, the article also favorably described the feminist self-help philosophy of the FWHC, emphasizing that "women set the pace for what goes on." Local doctors felt that the article was in poor taste because it advertised abortion services. Several Tallahassee doctors began to hassle their colleagues who worked at the FWHC. Within a month, both of the doctors who worked for the FWHC quit. The ob/gyn staff at Tallahassee Memorial put out a statement saying that the physicians the hospital employed "should not be associated with agencies that advertise their medical services." They informed the FWHC that they were

[122] "Doctor's Committee," June 24, 1977, box 13, folder: "Doctors' committee, 1975- 1978, 1980," EGCR, IWA.
[123] "Doctor's Committee," June 17, 1977, box 13, folder: "Doctors' committee, 1975- 1978, 1980," EGCR, IWA.

opposed to their practice of holding self-help clinics and to their political activism around the issue of abortion. In order to continue providing services, the Tallahassee FWHC hired doctors from out of town. Subsequently, the Executive Director of the Florida Board of Medical Examiners advised at least one of the out of town doctors to discontinue his work with the FWHC. He warned that any doctor associating with the FWHC was putting his career in danger if he continued to work there.[124]

In October of 1975, the Tallahassee FWHC filed suit against the local doctors, claiming that they were hindering the FWHC's ability to provide health care.[125] In *Feminist Women's Health Center, Inc. v Mahmood Mohammad, M.D., et al.,* the FWHC charged that the doctors were violating the Sherman Anti-Trust Act by conspiring to boycott the FWHC, fixing prices for abortions, and monopolizing the abortion provision market in Tallahassee.[126] The Tallassee FWHC and their supporters around the nation saw their court fight as a continuation of the fight self-help activists had been waging outside of court since before *Roe v. Wade.*[127] To them, this was just one more incident in a long history of doctors trying to control women's health care. Throughout the suit, the FWHC suspected foul play from the court. In October 1976, the judge dismissed the case merely hours before jury selection was scheduled to begin. Co-director of the clinic,

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[124] Keane, "Second-Wave Feminism in the American South," Banzhaf interview by Dudley-Shotwell; Hornstein interview by Dudley-Shotwell; Tallahassee Feminist Women's Health Center, "Anti-Trust Suit Settlement!!!" April, 1980, *The Examiner*, 1-4, box 47, folder 10: Collaborations, Feminist Women's Health Center, Tallahassee, Florida, 1975-1980, BWHBCR, Schlesinger.
[125] Keane, "Second-Wave Feminism in the American South," 212-213.
[126] "Feminist Women's Health Center, Inc., A Florida Non-profit Corporation, v. Mahmood Mohammad, M.D. et al," Justia U.S. Law, accessed March 22, 2012, http://law.justia.com/cases/federal/appellate-courts/F2/586/530/291524/.
[127] Feminist Women's Health Center, Press Release, October 1, 1975, carton 3, folder 145: Feminist Women's Health Center (Los Angeles, Tallahassee), 1971-1978, BSP, Schlesinger.

Linda Curtis, told a reporter that she suspected that the American Medical Association was behind the judge's decision to throw the case out. Women picketed at the federal courthouse carrying signs that read, "Who owns the Judge?"[128]

The FWHC appealed their case to the Fifth Circuit Court, which ruled that federal courts had jurisdiction and that a jury should try the case. The FWHC considered this ruling a victory in itself, because the court "den[ied] the doctors' claim that they should be subject only to professional peer regulation." As a result of this ruling, the physicians offered to settle out of court in order to avoid further negative publicity. The FWHC took the settlement because they "recognize[d] that they [could] not expect to receive justice from the legal system." They agreed to a settlement of $75,000. The doctors involved pledged to provide services for the FWHC and agreed to allow the clinic to easily transfer women to the hospital in case of emergency.[129]

Conflicts with Planned Parenthood

Historically, the Planned Parenthood Federation of America (usually called Planned Parenthood) has been the leading voice in the push for access to birth control for U.S. women across classes. In 1921, Margaret Sanger, a prominent advocate for birth control, founded the American Birth Control League, which later became Planned Parenthood. This U.S. organization is now part of a larger one, the International Planned Parenthood Federation. For many years, its main function was providing birth control.

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[128] Brian Richardson, "Medical clinic suit dismissed," December 21, 1976, *Tallahassee Democrat,* 21, box 18, folder 6: WATCH, 1976-1978, WCHCR, Schlesinger.
[129] Tallahassee Feminist Women's Health Center, "Anti-Trust Suit Settlement!!!"

Beginning in the 1970s, Planned Parenthood also opened clinics that provided abortions, and the organization is now the single largest abortion provider in the U.S.[130]

Woman-controlled clinics clashed with Planned Parenthood beginning in the early 1970s. Many self-help activists believed that, even though Planned Parenthood viewed itself as a feminist operation, because they were not woman-controlled and did not operate according to self-help principles, Planned Parenthood was in need of reform. Banzhaf recalled, "Planned Parenthood was 'the enemy,' don't you know!"[131] Cataloguing the differences between feminist clinics and Planned Parenthood, reporter Jill Benderly wrote that feminist clinics had a "bigger mission: 'seizing our bodies,' 'involving women in their own health care,'" while Planned Parenthood clinics "sometimes run in assembly-line fashion."[132]

In 1975, the Los Angeles FWHC published a list of demands "to insure that Planned Parenthood" would "function in the best interest of women." Their first objection was with the male-dominated Planned Parenthood clinic boards. "There should be the same percentage of women on the boards … as are in the patient loads of these clinics," they argued. Self-help activists also felt that a representative of a "feminist organization," should sit on each board. Further, clinic leaders accused Planned Parenthood of not being completely open with its clients about the potentially risky

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[130] "History and Successes," Planned Parenthood, accessed March 22, 2012, http://www.plannedparenthood.org/about-us/who-we-are/history-and-successes.htm.
[131] Banzhaf interview by Dudley-Shotwell.
[132] Jill Benderly, "Does Corporate Giant Fill Health Care Needs Like Feminist Clinics?" January/February, 1990, *Women & Health*, box 52, folder: "Planned Parenthood of Greater Iowa, The Source, 1990 and 1994" EGCR, IWA.

nature of the contraceptives they offered.[133] They wanted Planned Parenthood to offer more literature and education on their contraceptives, particularly the "experimental nature" of some methods of birth control and the possible side effects. [134]

Every feminist clinic faced the threat of competition by other local clinics throughout the 1970s; that threat worsened in later years when those clinics claimed to offer the same services as feminist clinics or traded on the reputation of those clinics. The rivalry between Planned Parenthood and smaller, locally based feminist clinics continued into the 1980s. In 1989, a group of representatives from women-controlled clinics across the country convened at a National Abortion Federation (NAF) meeting to discuss the future of their organizations. A central theme in their conversation was a concern that Planned Parenthood's growing operation was edging them out. Many faulted Planned Parenthood for moving in just down the street from their clinics instead of opening clinics in underserved areas nearby. The leaders of the Atlanta FWHC told the group that they were completely broke and that Planned Parenthood had plans to open a clinic in nearby Redding. "That could push us over the brink," one leader said. Francine Thompson of the Emma Goldman Clinic in Iowa claimed, "We are under siege by Planned Parenthood!" (Ironically, "siege" was a term pro-choice activists usually reserved for anti-abortion activism.) In Iowa, there were five clinics that provided abortions at this time. Three were in Iowa City, and another was just twenty miles away from the city.

[133] The list did not specify which contraceptives they were concerned about.
[134] Feminist Women's Health Center, "Remember Margaret!" April 17, 1975, carton 3, folder 145: Feminist Women's Health Center (Los Angeles), BSP, Schlesinger.

Planned Parenthood wanted to open another clinic in Iowa City.[135] Responding to the EGC's concerns, the president of Planned Parenthood of Mid-Iowa, Jill June, told the press, "I think they are threatened by us and they don't need to be… We don't want to compete with them." Gayle Sands of EGC told the press, "Instead of going into underserved areas, Planned Parenthood targets markets that have been set up for them by the blood, sweat, and tears of feminist clinics." Shauna Heckert of the Chico FWHC told the press "they want to go where existing providers have already made abortion acceptable." *Women and Health* reported that Planned Parenthood told EGC that "They must either become a Planned Parenthood clinic or Planned Parenthood would set up its own abortion facility in Iowa City with a lower fee scale that would put Emma Goldman out of business." In Chico, Planned Parenthood's presence decreased state funding for family planning for the local FWHC. "The state would rather fund Planned Parenthood because Planned Parenthood, like the state, is interested in controlling population," Heckert told a reporter.[136] Some woman-controlled clinic leaders found themselves training doctors who then left to work for Planned Parenthood and other competing clinics. "We've had to create a hostile community to Planned Parenthood by educating our clientele about what they'd lose if we weren't here. [We say] 'We're your local clinic, not a franchise.'"[137]

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[135] "Woman Controlled Clinic Meeting," April 3, 1989, box 24, folder 3: "Reproductive Rights, 1981-84, n.d.," NWHNR, Schlesinger.
[136] Jill Benderly, "Does Corporate Giant Fill Health Care Needs Like Feminist Clinics?" January/February, 1990, *Women & Health*, box 52, folder: "Planned Parenthood of Greater Iowa, The Source, 1990 and 1994" EGCR, IWA.
[137] "Woman Controlled Clinic Meeting."

In some cases, the women-controlled clinics and Planned Parenthood tried to cooperate to stand up to grassroots anti-abortion groups. They organized pro-choice events and clinic escort services, where volunteers offered moral support to women as they walked past anti-abortion protestors outside of clinics. The feminist clinics often felt that they took more risks in this "activism, visibility, and community organizing," while Planned Parenthood "reaped the benefits with comparatively little energy" or "fiscal expenditure."[138]

Though many saw Planned Parenthood as an explicitly feminist organization, some self-help activists often believed that Planned Parenthood clinics "weren't trying to do anything innovative or give [women] control." Planned Parenthood did not use lay healthworkers, nor did they encourage self-help practices such as group discussion or self-exam. "We just wrote them off as just part of the medical establishment… You [would] get the same experience at Planned Parenthood that you get at the doctor's office basically," Banzhaf recalled.[139]

Moving gynecological self-help to a clinic setting opened the practice up to women who may not have ever been exposed to self-help otherwise. The movement expanded rapidly as clients and healthworkers used self-help to take charge of their own healthcare. By holding participatory clinics, offering self-help based abortion services,

[138] Dana M. Gallagher to Norma Swenson, May 7, 1989, box 24, folder 3: "Reproductive Rights, 1981-84, n.d.," NWHNR, Schlesinger.
[139] Banzhaf interview by Dudley-Shotwell.

and sharing new self-help information in clinic literature, clinic staff dramatically extended the reach of the flourishing self-help movement

The move to a medical setting brought new challenges for self-help activists. However, moving self-help into a medical setting presented challenges. Self-help activists disagreed over the most effective and liberating way of providing care in woman-controlled clinics and over who "owned" the concept of self-help. Members of the feminist media (especially *off our backs*) took sides in this debate and broadcast conversations about self-help to the wider feminist movement.

Medical and state institutions tried to limit or even curtail the self-help in clinic settings. Efforts by state regulatory boards and local doctors to shut down self-help activities were largely unsuccessful. Woman-controlled clinics typically held their ground and continued to provide self-help gynecological care in the face of these challenges. In fact, these challenges to self-help healthcare provision often led to further media attention, which led women around the nation to speak out in favor of the self-help movement.

Woman-controlled clinics found creative alternatives to mainstream gynecological care; meanwhile, some self-help activists, including some who worked in clinics, debated the merits of removing women's healthcare even further from mainstream medical control. As clinics flourished throughout the 1970s and 1980s, women began to find ways to practice self-help that went beyond the confines of a clinic. While some self-help activists wanted to take drastic action to change mainstream medicine, others sought ways to work completely outside of that system.

CHAPTER IV

CONFRONTING AND CREATING ALTERNATIVES TO MAINSTREAM MEDICINE

> For centuries, women knew how to cure diseases and help pregnant women… but men had POWER. So they said those women were witches and burned thousands and thousands of them. Are we still in the Middle Ages? – Feminist theorist, Simone de Beauvoir

While the staff of woman-controlled clinics worked to define and practice self-help in an alternative medical setting, women also found new uses for self-help outside of clinics. This chapter examines how a variety of activists around the nation practiced self-help beyond the walls of woman-controlled clinics throughout the 1970s and 1980s. It focuses on two main strategies. First, self-help activists acted as "watchdogs" over the medical profession. Women used protest tactics, the media, and their own bodies in order to encourage other health providers to offer care consistent with self-help tenets. That is, they encouraged healthcare providers to let women control the terms of their own care. Second, other women formed "advanced" self-help groups around the country. The women in advanced groups conducted research and provided services to other women both inside and outside of medical settings. When examined side-by-side, watchdog tactics and advanced groups illuminate a critical tension within the self-help movement: Should self-help activists take radical action to change mainstream medical care? Or was the purpose of self-help to create spaces for women to control their health completely outside of medical institutions?

For many women's health activists, self-help in its grandest sense meant making changes to the entire system of women's health care provision. Providing care in a feminist setting and sharing information about self-help were important, but they also sought to reform the provision of healthcare to women more broadly.[1] This meant that self-help activists often made it their business to know how other health institutions provided care for women, especially surrounding abortions and childbirth. Some self-help activists tried to create change by publicizing the problems with these health providers, disseminating literature speaking out against unsafe practices and using grassroots protest tactics including picketing as well as "raiding" and "inspecting" medical facilities. Others worked alongside and within mainstream medical institutions to help them provide care consistent with self-help tenets. To that end, some self-help practitioners offered the use of their own bodies in order to help train medical students in humane gynecology. This branch of activism succeeded in compelling many mainstream medical institutions to offer more compassionate gynecological care.

Meanwhile, other self-help activists believed that the purpose of self-help was to create separate groups, outside of medical institutions, to empower women to take care of their own health. These activists believed that it was impossible to create change within mainstream medicine, so they chose to act outside of it whenever possible. Some of these "advanced" self-help groups were affiliated with feminist clinics, but more typically, they operated as their own separate entities. Their activities ranged from

[1] See Katarina Keane, "Second-Wave Feminism in the American South, 1965-1980," (PhD diss, University of Maryland, College Park, 2009 for an argument that feminist clinics did not view this as cooptation. Rather, they saw reforming mainstream institutions as central to their mission.

experimenting with "fertility consciousness," observing changes in their cervical mucus in order to control the timing of their pregnancies, to fitting cervical caps and attempting self-help donor insemination in their homes. Groups of older women investigated and informed others about aging and menopause. Their efforts demonstrated that it was possible for women to control their own reproduction without assistance from medical providers. At the same time, some groups discovered how difficult it was to both care for their own needs and share self-help with other women.

Self-help Activists Take on Karman and Planned Parenthood

In 1972, self-help activists from California and Pennsylvania clashed with two major players in the reproductive rights movement: Planned Parenthood and Harvey Karman. While many in the pro-choice community applauded Karman and Planned Parenthood's efforts make abortion available, these self-help activists believed Karman and Planned Parenthood's abortion methods were both unsafe and disempowering for women. Self-help activists published information about Karman's activities, raided his clinic, and infiltrated Planned Parenthood meetings. These activists believed it was their duty to make changes within existing medical structures.

Early in 1972, the International Planned Parenthood Federation (IPPF) sent Harvey Karman on a "mercy mission" to Bangladesh to perform an experimental abortion procedure called a "supercoil" on women who had been raped by Pakistani soldiers during the Bangladeshi War of Independence. The *Los Angeles Times* published an article with a picture of Karman standing with Sir Malcolm Potts, the Executive

Director of Planned Parenthood and four other "internationally known family planners."[2] Self-help activists who were familiar with Karman were furious that the article had "portray[ed him] as a hero," and they "wondered how the respectable and conservative image of Planned Parenthood fit in with such a spectacular event." Karman reportedly performed this procedure on as many as 1500 women.[3] Self-help activists denounced Karman and IPPF for using experimental methods and for not being "accountable to the women they were treating, but to a global population plan."[4] In the manuscript of *Women's Health in Women's Hands*, a Federation book that was never published, the Federation wrote that after seeing the supercoil article, they began learning more about Planned Parenthood's deeper entanglements with international population control. For example, IPPF participated in a multi-organizational effort to supply Karman's menstrual regulation device to international clinics and collect data on its use.[5] Self-help practitioners condemned these efforts, along with the supercoil abortions, as experimental, "free-wheeling practices of… men who function above the laws and customs of any country while wearing the guise of humanitarianism."[6]

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[2] The supercoil method involved inserting several plastic "coils" into a woman's uterus, waiting 16 to 24 hours, and then removing the coils and causing a spontaneous abortion. Philadelphia Women's Health Collective, "The Philadelphia Story: Another Experiment on Women," 197_, box 14, folder 8, "Feminist Women's Health Center, Los Angeles, 1974-1977; includes correspondence with and reports by Carol Downer," WCHCR, Schlesinger.

[3] Elaine Woo, "Creator of Device for Safer Abortions," *Los Angeles Times,* May 18, 2008, accessed February 9, 2015 http://articles.latimes.com/2008/may/18/local/me-karman18.

[4] "Controversies in Birth Control," July 19, 1978, box 6, folder: Women's Health in Women's Hands (2 of 9), FWHCR, SBC.

[5] Michelle Murphy, "Immodest Witnessing: The Epistemology of Vaginal Self-Examination in the U.S. Feminist Self-help Movement," *Feminist Studies* 30 (2004): 169.

[6] "Controversies in Birth Control."

Also in 1972, self-help activists had occasion to critique Karman's U.S. abortion activities. That year, Chicago police busted the Jane Collective for providing illegal abortions and shut down their operations. At the time, they had nearly three hundred women scheduled for procedures. They found referrals for many of them, but about forty posed a special problem. Their pregnancies had advanced past the point when a D&C was viable, and they could not pay to travel to places (such as New York) where second trimester saline abortions were legal. Desperate for a way to provide the abortions for the waiting women, Jane turned to Karman, even though they were "wary" of him. He agreed to perform the second-term abortions for free using the supercoil method. Fearing police surveillance after their arrests, the Jane Collective reached out to their network outside of Chicago in search of a place for Karman to perform the abortions. Dr. Kermit Gosnell, who was interested in learning about the supercoil method, agreed to let Karman and the Janes use his clinic in Philadelphia for the procedures.[7] Jane reportedly contacted all of the women scheduled for an abortion, described the experimental method and explained that they had had no prior experience with supercoils. They "felt that if they were completely honest with each woman, and gave her every bit of info that they had, then she could make her own decision." About twenty women agreed to the procedure, and Jane chartered a bus to take them to the Philadelphia clinic where the procedures were to take place. Most of the women were young, poor, and black. They likely had no other alternative for abortions. Events spiraled downward quickly. According to Jane, Karman

[7] Abortion law in Pennsylvania was in flux at this point, and some doctors were openly offering abortions in clinics. See Laura Kaplan, *The Story of Jane: The Legendary Underground Feminist Abortion Service* (Chicago: University of Chicago Press, 1995), 239.

gave information about the riskiness of supercoils to the Philadelphia clinic doctors hosting them that he had never given to the members of Jane. Jane felt that this was because "he wanted us to be dependent on him because we were women." Karman also brought along an "entourage," including a couple who were writing his biography. This made Jane members feel as if Karman were more interested in looking like a hero than in performing safe abortions.[8] One woman turned out not to be pregnant, and another four were early enough in their pregnancies that they could have a suction abortion. That left fifteen women to receive supercoil abortions. Of those fifteen women, nine had complications, and several ended up in the hospital with serious infections. One woman's complications were so severe that she had to have a hysterectomy at a local hospital.[9]

In response to this catastrophe, a local group called the "Philadelphia Women's Health Collective" published a paper they called "The Philadelphia Story." They disseminated this paper at women's conferences over the next year. [10] Jane members strongly suspected that the West Coast Sisters and members of the Los Angeles FWHC either wrote or encouraged another group to write "The Philadelphia Story."[11] Jane member Laura Kaplan later wrote that they believed the West Coast Sisters were "using it to attack their archenemy and former ally," Karman.[12] The two groups had existed in tension since their original encounter when each demonstrated their techniques for the

[8] Kaplan, *The Story of Jane,* 197-202.
[9] Tacie Dejanikus, "Super-coil Controversy," *off our backs*, May, 1973, 2-3, 11.
[10] Others called the event "The Mother's Day Massacre," because it happened on May 14, Mother's Day.Kaplan, *The Story of Jane,* 241; Philadelphia Women's Health Collective, "The Philadelphia Story: Another Experiment on Women."
[11] In a 2015 interview, Downer denied that her group had any connection to the Philadelphia Story. Carol Downer interview by Hannah Dudley-Shotwell, Skype, October 27, 2015.
[12] Kaplan, *The Story of Jane,* 242.

other in 1971.[13] No evidence to prove this accusation surfaced, but the Los Angeles FWHC reprinted the paper in their newsletter.[14]

"The Philadelphia Story" paper placed most of the blame for the incident on Karman. The Collective denounced both his use of the unsafe supercoil method and the publicity Karman sought for his efforts.[15] "The Philadelphia Story" stated that the members of the women's health movement who had experience with Karman, particularly the women from the Los Angeles FWHC, believed that he was "more concerned with undermining women's control of their health care and propagating his own technology and reputation than with meeting the needs of women." The Collective warned that women's health activists needed to guard against men like Karman who "employ our own rhetoric about the rigidity and professionalism of the medical establishment." Much as the West Coast Sisters had feared that Karman was coopting their technology by claiming control over menstrual extraction, the Collective believed that he was exploiting women by claiming to be "hip" and anti-mainstream medicine. "Not everyone who works outside of the medical systems is working for our best interests," the Collective warned. They brought up Karman's prior attempts to claim menstrual extraction, arguing that his actions demonstrated that Karman was a person who "had no commitment to the women's movement or to women in general, but

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[13] It is unclear whether the Janes believed the WCS wrote the paper and published it under the name of the Philadelphia Women's Health Collective or whether they thought the WCS just encouraged it.
[14] Kaplan, *The Story of Jane,* 197-202; Philadelphia Women's Health Collective, "The Philadelphia Story: Another Experiment on Women."
[15] Philadelphia Women's Health Collective, "The Philadelphia Story: Another Experiment on Women."

[was]…committed only to increasing [his] own power, reputation, and bank account." The Collective also claimed that, during previous abortions, Karman made "sexual and sexist advances on women, literally while they were on the table." They disseminated "The Philadelphia Story" to other women's groups across the country.[16]

This incident further strained the relationship between the Janes and the West Coast Sisters. The Janes first learned about "The Philadelphia Story" paper when they received a copy at a women's conference some of the members were attending. Kaplan recalled that the group was "horrified." Jane members continued to believe that they had acted in the best interests of women; the West Coast Sisters continued to believe that the Janes were not doing enough to put power into women's own hands. Jane members believed that the West Coast Sisters (or whoever was really behind "The Philadelphia Story") portrayed the Janes as "dupes" and the women having abortions as "ignorant poor women of color, guinea pigs experimented on without their knowledge or consent." Kaplan recalled that "The Philadelphia Story" "smacked of racism" because of its portrayal of the women having abortions.[17]

Disseminating "The Philadelphia Story" was just the tip of the iceberg in self-help activists' campaign to curb and draw attention to Karman's activities. In 1974, five women from several of the California FWHCs broke into the Women's Community Service Center (WCSC), an abortion clinic where Karman worked, and "confiscated"

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[16] Ultimately, Karman was charged with eleven counts of performing illegal abortions and eleven counts of practicing medicine without a license. He was convicted of two counts and fined $500. Philadelphia Women's Health Collective, "The Philadelphia Story: Another Experiment on Women."

[17] Kaplan, *The Story of Jane,* 241.

various items, including examining tables and medical files.[18] According to *off our backs,* the five women "believed that the care given women was substandard: the labwork inadequate, the facilities dirty, the training of paramedics poor" and Karman was "performing experimental abortions there."[19] Local papers called the five women "a band of feminist vigilantes" who "looted an abortion clinic." They dumped the confiscated items in the offices of the Department of Consumer Affairs and "demand[ed]… official action against the dangerous and illegal abortion practices occurring" at WCSC. Reportedly, they told the head of this department, "We have done what you should have done… Shut him down!"[20] The City Attorney of Los Angeles filed charges against the women for "trespassing and malicious mischief." In the FWHC response to these charges, Downer and Rothman wrote, "We did everything we did to protect the health of women."[21]

Though it is unclear whether or not these "feminist vigilantes" thought the city would take action against Karman, it is clear that they sought to draw attention to his actions by seeking media attention. Several members gave interviews to the *Los Angeles Times.* "We can't wait around, risking one more woman's life," Francie Hornstein told a reporter. They also disseminated information about the raid to other feminist groups.

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[18] Feminist Women's Health Center, "Update on Harvey Karman," April 20, 1974, box 15, folder 2, " [Feminist Women's Health Center, Los Angeles]: Karman, Harvey, 1974-1976, n.d.," WCHCR, Schlesinger.
[19] Fran Moira, "Infighting? Or righteous law-breaking," *off our backs,* July 31, 1975, 24.
[20] Dorothy Townsend, "Vigilantes Claim it was Illegal: Militant Feminists Raid L.A. Abortion Unit," *Los Angeles Times*, September, 4, 1974, box 15, folder 2, " [Feminist Women's Health Center, Los Angeles]: Karman, Harvey, 1974-1976, n.d.," WCHCR, Schlesinger.
[21] "Hearing for a Preliminary Injunction: Women's Community Service Center vs. Feminist Women's Health Center," September 30, 1974, box 15, folder 2, " [Feminist Women's Health Center, Los Angeles]: Karman, Harvey, 1974-1976, n.d.," WCHCR, Schlesinger.

Women from other clinics outside of California, including the Women's Community Health Center in Cambridge, Massachusetts, wrote to letters support them, claiming that the women showed "great courage in taking a direct, public action to draw attention to unsafe medical practices" and arguing that "women in the United States and the world cannot feel safe if people are allowed to practice medicine unsafely and illegally."[22]

Merle Goldberg, a close associate of Karman's and the executive director of the National Women's Health Coalition in New York, an official affiliate of the WCSC, spoke to *off our backs* reporters several times. She called the incident a "terrorist vigilante tactic of Carol Downer and her brownshirt terrorists." Goldberg claimed that the self-help activists' motivations were financial. The WCSC charged significantly less for an abortion than the closest woman-controlled clinic (the Los Angeles FWHC): $40 at WCSC versus $160 at the FWHC. "Karman is just a … red herring… They throw him up because, after all, they can't hit another women's group," she told *off our backs.*[23]

Around the same time as the WCSC raid, self-help activists began attending Association of Planned Parenthood Physicians (APPP) conferences to "monitor" them. Self-help activists who knew Karman well felt increasingly suspicious of Planned Parenthood after they learned of the organization's association with him. They continued to monitor APPP conferences for several years. Though the APPP would not let them present papers at the conferences, they said that self-help activists could attend and set up a booth to disseminate information. However, in April 1974, when self-help activists

[22] Underlining in original. Barbara Orrok to Burt Pines, April 30, 1975, box 15, folder 2, " [Feminist Women's Health Center, Los Angeles]: Karman, Harvey, 1974-1976, n.d.," WCHCR, Schlesinger.
[23] Fran Moira, "Infighting? Or righteous law-breaking?" 24.

Debra Law and Shelley Farber attended a conference in Memphis and set up a booth, they "were physically thrown out when they began to distribute self-help literature."[24] They reported that a guard "ransacked our booth, dragged Debra Law down the stairway of the Memphis hotel, threw her out into the street, and threw our bags and literature after her." (Farber and Law did not report whether the guard threw them out on the orders of APPP or not.) [25]

By confronting Karman and Planned Parenthood, self-help activists tried to influence the kind of care women had when they sought abortions. Karman and Planned Parenthood believed that they too were doing work that would empower women. Self-help activists disagreed. They argued that Karman and Planned Parenthood were, in fact, taking power away from women by offering unsafe abortions.

Tallahassee Memorial Hospital Inspection

Some self-help activists also sought to influence the care women received when they gave birth. In 1977, a group of women's health activists from across the U.S. convened at the Southern Women's Health Conference in Gainesville and formed Women Acting Together to Combat Harassment (WATCH), a group devoted to

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[24] "Controversies in Birth Control," July 19, 1978, box 6, folder: Women's Health in Women's Hands (2 of 9), FWHCR, SBC.

[25] Feminist Women's Health Center, "Remember Margaret!" carton 3, folder 145: Feminist Women's Health Center (Los Angeles), Barbara Seaman Papers, Schlesinger. Self-help activists were not alone in lodging complaints against Planned Parenthood, and these complaints did not end in the 1970s. Members of the women's health movement and reproductive rights movement, whose efforts focused more on lobbying for legislation, had been making demands of mainstream medical institutions for years. For example, in 1981, the Reproductive Rights National Network called Planned Parenthood "the best example of an international population control organization that successfully maintains a benevolent, 'woman-helping' image in the U.S." Reproductive Rights National Network, "Rough Road Ahead," *Off our backs,* August-September, 1981, 10, 17.

investigating women's health facilities.[26] The following year, more activists from woman-controlled clinics in Vermont, New Hampshire, Florida, Michigan, Georgia, and California, as well as several representatives of the feminist media joined WATCH in Tallahassee for a series of workshops. They dialogued about the hostility of mainstream medicine toward feminist clinics and about the kind of care that women received in mainstream medical facilities.[27]

Several members of WATCH decided to perform an "inspection" of the maternity ward of Tallahassee Memorial Hospital. Many WATCH members had been at odds with the hospital for years as a result of the anti-trust suit.[28] Reports on what occurred during the inspection vary. Supporters called it a "peaceful consumer inspection," while opponents depicted it as an "invasion."[29] According to WATCH, the inspection uncovered a number of unsatisfactory practices in the hospital, which they planned to make public. The 30 inspectors, including a filmmaker and her cameraman, walked in the front door of the hospital and went directly to the fourth floor to see the delivery and postpartum wards and the nursery.[30] First, they saw babies, separated from their mothers, crying in a sound proof nursery. According to hospital policy, the new mothers could have chosen "rooming in," keeping the newborn's crib next to the mother's bed. However, the nurses on duty informed the inspectors that most mothers were in too much

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[26] Women Acting Together to Combat Harassment, "WATCH Information," box 4, folder 4: "Grants: already written, 1974-1980, n.d." WCHCR, Schlesinger.
[27] Keane, "Second-Wave Feminism in the American South," 212-213.
[28] See Chapter 2.
[29] "Who Controls Birthing: WATCH Battle," *Feminist Women's Health Center Review*, December, 1979, box 15, folder 6: Feminist Women's Health Center, Santa Ana, Calif., 1974-1979, WCHCR, Schlesinger.
[30] Women Acting Together to Combat Harassment, "WATCH Information."

of a post-delivery, drug-induced haze to request this option. The inspectors also reported that they found containers of a cleaning chemical known to cause brain damage in newborn babies on the obstetrical ward. They described the postpartum area of the hospital as "prison-like," because mothers' movements were limited to this area. Finally, they reported the use of internal electronic fetal monitors. The feminist community, along with others interested in childbirth reform, had been protesting the use of fetal monitors for some time, arguing that it "fostered [an] emergency mentality" and led doctors to overuse epidurals and cesareans.[31] The WATCH report described the internal monitor as "a small electrode… screwed into the skull of the baby while it is still in the mother's uterus."[32] No one objected to their visit until they entered the nursery. At that point, they were asked to leave, which they did.[33] Tallahassee police subsequently arrested four of the WATCH inspectors: Carol Downer, Cassidy Brinn, Janice Cohen, and Linda Curtis.[34]

The arrests and ensuing trials attracted a great deal of national publicity and inspired many feminists and health professionals to comment and act. When she heard of the arrests, Simone de Beauvoir wrote, "This reminds me of very old stories. For centuries, women knew how to cure diseases and help pregnant women… but men had POWER. So they said those women were witches and burned thousands and thousands of

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[31] Jacqueline H. Wolf, *Deliver Me From Pain: Anesthesia and Birth in America* (Baltimore: John Hopkins University Press, 2011), 185-186.
[32] "Factsheet: Four Women Arrest in Florida, Childbirth Practices Challenged,"1977, box 2, folder 57: MOTHER (Mothers of the Whole Earth Revolt), DFWHCR, WPRL.
[33] Women Acting Together to Combat Harassment, "WATCH Information."
[34] Becky Chalker suggested that only these four were arrested because they were the only ones that hospital personnel recognized in order to report them. Rebecca Chalker interview by Hannah Dudley-Shotwell, Skype, March 19, 2015.

them. Are we still in the Middle Ages?"[35] In response to the arrests, women's health activists around the nation planned other hospital inspections and investigations of childbirth practices in mainstream medical establishments. Some members of the medical community also supported the activists. Dr. Louis Gluck, director of neonatal and perinatal medicine at the University of California, San Diego Medical Center, wrote a letter to the prosecutor urging him to drop charges, stating that the prosecution's claim that the women had endangered the lives of the infants by entering the nursery was simply incorrect. Had the activists tried to pick up the babies with contaminated hands, then they would have placed the babies in danger. "I have strong feelings about the haphazard way that technology is being used in hospitals across the country, and so I support these women's right to inspect hospitals and demand changes," explained Gluck. Women from around the country came to support the WATCH women during the three-day trial.[36]

Many feminists believed that the trial was unfair from the very beginning. The presiding judge, Charles D. McClure, would not allow the defense to present any testimony on whether entering the nursery without scrubbing and gowning was harmful to infants. Deeming that this evidence was not relevant to the charge of criminal trespass, McClure also refused to allow evidence demonstrating that the presence of groups

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[35] Quoted in Keane, "Second-Wave Feminism in the American South," 220. The station manager confiscated the film, but it is unclear why. In response, the WATCH members asked, "What information does [the hospital] fear? If hospital administrators had nothing to fear, this film would have been aired without any problem." See Women Acting Together to Combat Harassment, "WATCH Information."

[36] "Health Activists 'Inspect' Maternity Ward, Go to Jail," October 17, 1977, *Ob/Gyn News,* 2, box 18, folder 6: WATCH, 1976-1978, WCHCR, Schlesinger.

visiting the hospital after visiting hours was a common occurrence at Tallahassee Memorial. A WATCH newsletter reported, "It is obvious that this prosecution was undertaken to punish those associated with the Tallahassee FWHC because of their strong differences with the local medical association and, indeed, with Tallahassee Memorial itself," referring to the anti-trust suit begun in 1975. The defendants and their supporters saw the actions of Tallahassee Memorial as retaliation for the anti-trust suit. Because the incident occurred after hours, the four women were found guilty of trespassing.[37] Two women received fines of $500 and 30 days in jail; the other two received $1000 fines and 60-day jail sentences.[38]

WATCH members, like self-help activists who protested Karman and Planned Parenthood's actions, tried to affect change within the existing system. They used an "inspection" as a way to draw media attention to the quality of care in a local hospital. This group believed that since many women did not have access to woman-controlled reproductive care, it was their duty to encourage providers to offer quality care in line with self-help tenets.

Pelvic Training Program

Perhaps the most effective example of gynecological self-help activists' attempts to foster change by working within the medical system concerns physician education. Traditionally, medical students learned to conduct pelvic examinations on plastic models and anesthetized women. Often, no one asked anesthetized women for their consent.

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[37] WATCH to Friends of WATCH, June 1, 1977, box 18, folder 6: WATCH, 1976-1978, WCHCR, Schlesinger.
[38] WATCH, "Feminists Railroaded in Tallahassee Trespass Case," box 18, folder 6: WATCH, 1976-1978, WCHCR, Schlesinger.

Beginning around 1972, Dr. Robert Kretzschmar in the Department of Obstetrics and Gynecology at the University of Iowa hired several women who were working toward at advanced degrees at the university to serve as "pelvic models." These women underwent pelvic exams and gave feedback to students. Other medical schools also quickly began experimenting with this model.[39]

In 1975, a group of women students at Harvard Medical School contacted the Boston Women's Health Book Collective (BWHBC), authors of *Our Bodies, Ourselves,* to discuss finding women to act as paid pelvic models. They were particularly interested in "feminist" models and hoped that these women could "provide a counterbalance to institutionalized attitudes toward women as passive recipients of medical care."[40] The BWHBC reached out to their colleagues at Women's Community Health Center (WCHC), some of whom agreed to participate as models. The program was a source of controversy at the WCHC from the very beginning. Some staff members argued that it would simply reinscribe the existing power dichotomy between women and doctors by teaching physicians how to "manage" their women patients without actually changing the power structure. Others argued that this incremental step in changing doctor behavior was an important element of reforming the medical system from the inside. A few were

[39] See Wendy Kline, "'Please Include This in Your Book': Readers Respond to Our Bodies, Ourselves," *Bulletin of the History of Medicine* 79:1 (2005): 81-110; Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (Chicago: Chicago Press, 2010).

[40] Susan Bell, "Political Gynecology: Gynecological Imperialism and the Politics of Self-Help," *Science for the People,* September-October, 1979, 8-14, box 25, folder 10: "Self-Help OB/GYN, 1979-94, n.d.," NAWHERCR, SSC. As Wendy Kline notes in *Bodies of Knowledge,* medical students of the 1970s were not immune to the influence of healthcare reform. Particularly as the proportion of women in these programs increased, many medical students "engaged in political protests, demanded that their schools respond to the local community's health needs, and promoted educational reform." Kline, *Bodies of Knowledge,* 45.

also happy to see some of the money available to medical schools funneled into the women's health movement, as each model received $25 per session. At first, only staff, not clients, at the WCHC participated in the program. They formalized the name: the Pelvic Teaching Program (PTP). Four or five medical students practiced bimanual pelvic exams on each participant during each session.[41]

Harvard Medical was very pleased with the arrangement, but after a few sessions, the PTP participants decided that they were not satisfied. The PTP models felt that their feedback on the exams was barely considered; students were more interested in the feedback from the observing professor. They reported that when they made comments other than "you're hurting me," students saw them as "distracting or trivial."[42] The group began to feel that though they were "ensuring more humane and better exams for women, they were also solidifying physicians' power over women by participating in training sessions." Rather than altering the current medical system, they feared they were accommodating and strengthening it.[43] As a result, they implemented a new protocol. To enlarge the group, the WCHC expanded the program to include women outside of their organization. The requirement for participants was prior participation in a self-help group and commitment to the WCHC philosophy of self-help. Five WCHC members and six other women agreed to participate. Under the new protocol, two "feminist instructors" taught groups of four or five medical students. At least one student in each group had to be a woman. Any licensed physicians present had to observe silently. The

[41] Bell, "Political Gynecology;" Kline, *Bodies of Knowledge.*
[42] Pelvic Teaching Group, "Position Paper," June, 1976, box 12, folder 7: "Pelvic teaching program: correspondence with medical schools," WCHCR, Schlesinger.
[43] Bell, "Political Gynecology."

instructors focused on prevention, much as they did in feminist clinics. They demonstrated self-exam for the medical students. They created a pamphlet called "How to Do a Pelvic Examination" and Harvard Medical agreed to use it.[44]

As part of the new protocol, eleven PTP women began meeting separately to do self-help sessions together. The group shared information with each other on how to do a comfortable pelvic exam.[45] They also discussed criticisms of the program, talked about any negative encounters that occurred during the teaching sessions, and shared their feelings about serving as models. Some women reported that the medical students made uncomfortable jokes or behaved as if they thought the lesson was unimportant. PTP participant Susan Bell reported that at this point, the PTP and the WCHC began dialoguing more about "reform versus radical change." They agreed that, as implemented thus far, the PTP was not creating radical change in the medical institution.[46]

The PTP decided to change the program again in order to emphasize their self-help philosophy more heavily. In this third iteration, they instituted more drastic changes. They asked Harvard Medical to limit the program to women medical students. They felt that as part of the self-help movement, the PTP must include reciprocal sharing between women. They also hoped that this move would force the medical community to consider whether men should be providing gynecological care for women at all. Additionally, the members of the PTP felt that the occasional embarrassment and exploitation that they had felt because of the male students would no longer be a problem under this new system.

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[44] Bell, "Political Gynecology;" Kline, *Bodies of Knowledge.*
[45] Pelvic Teaching Group, "Position Paper."
[46] Bell, "Political Gynecology."

The also wanted to expand the teaching groups beyond medical students so that other hospital personnel and consumers could participate as well. They felt that this move would address the "hierarchy and elitism among medical care providers and between providers and consumers." The PTP also requested that the "instructors" in the group should sometimes act as models and vice versa, thereby breaking down the hierarchy within the group. The group also wanted to expand their sessions from one to four. This would allow time for the group to discuss the politics of medical care and perform self-exam. Finally, the group raised their fees significantly. They asked for $750 for four sessions. In spite of the fact that other local universities, including Tufts and Boston University, had recently begun inquiring about the program, after the PTP demanded these changes, no medical schools agreed to work with them. They taught no further sessions.[47]

The PTP highlighted major tensions in the self-help movement: When working with medical institutions, should self-help activists work to create change gradually, through incremental change, or could they take drastic, radical action to change mainstream medical care? Was the purpose self-help to create separate, feminist spaces or to reform existing institutions? As Bell argued, the PTP's third iteration promoted a political agenda: "to eradicate hierarchy and professionalism" in medicine. The medical establishment, or at least, Harvard Medical and other local universities, was not receptive to this kind of overhaul. In a position paper describing their experiences, PTP members wrote that they feared programs like this one were "contributing to the support of a health

[47] Bell, "Political Gynecology."

care system that needs radical change." Because of this fear, they "strongly discourage[d] other groups of women from participating in similar programs." After this experience, PTP and WCHC members wondered if it was even possible to make changes to the mainstream medical establishment.[48]

However, even though the PTP ended, trainings like it did not disappear altogether. Since the 1970s, programs like the PTP have spread to at least half of all U.S. medical schools.[49] Some hospitals now employ pelvic teaching models to train nurses for positions as Sexual Assault Forensics Examiners (SAFE), who do compassionate evidence collection exams for rape survivors.[50] In many places, the program has also expanded to include men who, for example, model for urology exams. However, most models are not self-help activists; doctors often train them. The programs certainly are not as self-help based as PTP members wanted in the 1970s, but they do offer a glimpse into the lasting impact of self-help activists' success at impacting mainstream medicine in both the U.S. and Europe.[51] International studies have shown that students who learn

[48] Underlining in original. Pelvic Teaching Group, "Position Paper."
[49] They are often called Gynecological Teaching Associates (GTAs). Lizzy Ratner, "It's Pelfic-Exam Season! Med Students Meet Gyno-Martyrs; Don't 'Feel,' 'Examine,'" *Observer,* March 13, 2006, accessed December 29, 2015 http://observer.com/2006/03/its-pelvicexam-season-med-students-meet-gynomartyrs-dont-feel-examine/.
[50] "At Your Cervix: A Documentary," accessed December 29, 2015 http://atyourcervixmovie.com/gtas.shtml.
[51] Erin St. John Kelly, "Teaching Doctors Sensitivity On the Most Sensitive of Exams," *The New York Times*, June 2, 1998, accessed http://www.nytimes.com/1998/06/02/science/teaching-doctors-sensitivity-on-the-most-sensitive-of-exams.html?pagewanted=all.

from pelvic teaching models are more knowledgeable and more comfortable with the exams.[52]

Self-help Activists Cooperate with the FDA to Research Cervical Caps

Beginning in the late 1970s, a number of woman-controlled clinics and mainstream physicians began providing the cervical cap. Most cervical cap providers ordered caps from Europe, because they were not manufactured in the U.S. Similar to a diaphragm, a cervical cap is a method of barrier birth control. Whereas a diaphragm is wide and flat and stays in place because of the tension in its spring-rim, a cervical cap is thimble-shaped and fits tightly over the cervix, where it creates suction so that it will stay in place. [53]

Like the diaphragm, the cervical cap originated centuries ago. Historical records from ancient Sumatra described caps made of molded opium and cast aluminum.[54] Italian author and renowned "womanizer" Giacomo Casanova reported giving his lover half of a squeezed lemon to use as a cervical cap in the mid-eighteenth century. (He noted that the lemon juice worked as a spermicide as well.) As birth control activists such as Margaret Sanger and Emma Goldman promoted barrier methods of contraception in the early twentieth century, the modern, flexible version became popular in the U.S. and

[52] Kjell Wanggren et al. "Teaching Medical Students Gynaecological Examination Using Professional Patients: Evaluation of Students' Skills and Feelings," *Medical Teacher* 27:2 (2005): 130-135.
[53] "The Cervical Cap," box 32, folder: Cervical Cap Studies, FWHCR, SBC.
[54] Emma Goldman Clinic, "The Cervical Cap Handbook for Fitters & Users," 1981, box 30, folder: "Cervical Cap Handbook, 1981, 1988 and undated" EGCR, IWA.

Europe.[55] Over the next several decades, women and their physicians also began using the cap as an aid to conception. In 1950, Dr. M.J. Whitelaw published an article in *Fertility and Sterility* describing how he used "a plastic cervical cap filled with the husband's semen applied to the cervix for 24 hours" in order to help a couple become pregnant. Other physicians followed suit.[56]

As women became increasingly aware of complications with the Pill and intrauterine devices (IUDs) in the 1970s, they looked for alternative methods of birth control. For many women, the Pill, introduced in the U.S. in 1960 in a high-dose formula, seemed like a miracle drug. However, women soon began reporting serious side effects, including blood clots and strokes. Outrage grew among members of the women's health community as they realized how uninformed most Pill-takers were about the potential side effects. In response to the uproar about the Pill, many physicians began promoting IUDs in the early 1970s, particularly the recently developed Dalkon Shield, claiming that they were a safer alternative. The maker of the Dalkon Shield targeted young women and women of color in particular. However, it quickly became clear that the Dalkon Shield held dangers of its own. Women began developing serious infections; at least 17 women died, and around 200,000 reported physical injuries, miscarriages, and

[55] Mary-Sherman Willis, "Cervical Caps: Old and Yet Too New," December 22 and 29, 1979, *Science News,* box 27, folder 2, "Subject files: cervical cap, 1979-1992," BWHBC Additional Records, Schlesinger; Emma Goldman Clinic, "The Cervical Cap Handbook for Fitters & Users."
[56] W.J. Whitelaw, "Use of the Cervical Cap to Increase Fertility in Case of Oligospermia," *Fertility and Sterility* 1:33 (1950) Whitelaw MJ. 1950. Use of the cervical cap to increase fertility in case of oligospermia. Fertility and Sterility. 1:33.

sterilizations. Self-help activists became interested in the cap as a result of women's continued dissatisfaction with such methods.[57]

As with other methods of barrier contraception, a woman could decide for herself when and how to use the cervical cap. The side effects of the device were minimal, because, unlike hormonal birth control (such as the Pill), it did not interact with a woman's body chemistry in any way. Unlike methods such as the IUD, a woman could decide when to insert and remove the cap completely on her own.[58] Many women preferred the cap over the diaphragm because they could leave it in for longer (up to three days at a time) and because, unlike a diaphragm, once a cap was inserted, the wearer and her sexual partner typically did not notice the presence of the cap.[59]

Several members of the women's health movement became interested in the cap as a method of contraception in the mid-1970s. Health activist and author, Barbara Seaman encountered the cervical cap in Europe in the mid 1970s and included a chapter on its use in her 1977 book, *Women and the Crisis in Sex Hormones.* Around the same time, Irene Snair, a nurse practitioner at the Student Health Service at New England College read about the cap in a textbook and wrote to Lamberts, the company that sold them in Europe, for more information. She ordered several and began fitting them at the Student Health Service. Snair fit nursing student Sarah Berndt with a cap, and Berndt

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[57] See Gina Kolata, "The Sad Legacy of the Dalkon Shield," *New York Times,* December 6, 1987, http://www.nytimes.com/1987/12/06/magazine/the-sad-legacy-of-the-dalkon-shield.html. Clare L. Roepke and Eric A. Schaff, "Long Tail Strings: Impact of the Dalkon Shield 40 Years Later," *Open Journal of Obstetrics and Gynecology* 4 (2014): 996-1005.

[58] In 1978, prescriptions for diaphragms increased nearly 140 percent. Chalker, *The Complete Cervical Cap Guide*.

[59]Chalker email correspondence with Dudley-Shotwell, August 13, 2015.

introduced it to the women she worked part-time with at the New Hampshire Feminist Health Center. In 1978, *OBOS* published an article on the cap and distributed it widely among women's health activist around the U.S. Health care providers around the country, particularly lay healthworkers in woman-controlled health centers, began seeking more information about the cap. They ordered caps from Lamberts as well and began fitting their clients with them. The New Hampshire Feminist Health Center reported that by 1980, there were about two-hundred cap fitters in the U.S. and between ten and fifteen thousand women had tried them.[60]

As a result of the Dalkon Shield crisis in 1976, Congress amended the Federal Food, Drug, and Cosmetics Act to include regulations on medical devices. It developed three classes of devices: Class I were devices with the lowest risk and Class III devices held the highest risk. The FDA classified caps used for the purposes of artificial insemination as Class II and caps used for the purposes of contraception as Class III, ruling that, if used in this manner, the cap posed "significant risk" to users. (This "significant risk" was pregnancy.) Many cap providers learned of the new classification in 1980, when the FDA ordered all cap shipments into the U.S. to be seized at entry ports.[61]

The FDA decided that the cap needed to undergo a series of clinical trials to determine its safety and effectiveness as a birth control device. They allowed several U.S.

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[60] Chalker, *The Complete Cervical Cap Guide*, 27.

[61] Cervical cap proponents argued that choosing a form of contraception was always a form of risk-taking, and that as long as a woman understood the risk, she should be free to choose any method available. They also argued that this method was significantly less risky than many of the other methods available to women, including the pill and the IUD.

cap fitters, including lay healthworkers in woman-controlled clinics and members of independent self-help groups, to continue fitting caps and report their findings to the FDA. This was the first time in history that the FDA had allowed access to a form of unapproved contraception outside of its own clinical trials.[62]

In 1981, a group of feminist clinics and self-help groups undertook a series of studies of the cap's safety and effectiveness.[63] Many such groups had members who had been using or providing the caps for several years before FDA classification. They believed it was a safe alternative to the Pill or IUD. As Seaman told the *New York Times,* many women's health activists thought it was "senseless for the FDA to put restrictions on the cap, which is such a benign device, while the Pill and IUD are unrestricted." In order to support this claim and keep the cap on the market, some groups continued their studies for as many as four years. They gathered and reported extensive data from the clients they provided the cap for. Though many self-help activists saw almost every self-help activity they undertook as a contribution to feminist research, this was the first time

[62] Dana Gallagher and Gary Richwald, "Feminism and Regulation Collide: The Food and Drug Administration's Approval of the Cervical Cap," *Women and Health* 15 (2009).
[63] The groups included Yakima Feminist Women's Health Center in Yakima, Washington, Everywoman's Clinic in San Francisco, California, Portland Women's Health Center in Portland, Oregon, and five Federation of Feminist Women's Health Center Clinics: Atlanta Feminist Women's Health Center in Atlanta Georgia, Los Angeles Feminist Women's Health Center in Los Angeles, California, Orange County Feminist Women's Health Center in Santa Ana, California, Chico Feminist Women's Health Center in Chico California, and Womancare in San Diego, California. Atlanta Feminist Women's Health Center "The Cervical Cap," box 32, folder: "Cervical Cap Studies," FWHCR, SBC.

that self-help practitioners as a group contributed significantly to a large-scale federal research effort. [64]

Each participating clinic and self-help group held self-help sessions in which women tried on different sizes and types of caps, and fitting sessions varied from place to place.[65] The Los Angeles FWHC offered "cervical cap parties" for fittings. Healthworkers and other self-help activists led self-help sessions in the homes of interested women. They offered free or reduced rates on the cap for women who organized and hosted the parties. The FWHC argued that this was the cheapest way of acquiring the cap, since women did not also have to pay for an examination in the clinic.[66] Some women, including the Washington Women's Self-help Group, moved their private self-help groups into neighborhood clinics and set up shop solely for the purpose of fitting caps. They held educational "teach-ins" on using the caps. Using speculums, lights, and mirrors, women fit themselves with the proper cap with some assistance from healthworkers.[67] Some clinics, such as the Bread and Roses Women's Health Center, offered individual cap fittings as an alternative to a group setting and allowed women to bring their partners to the fitting.[68] Self-help groups practiced self-exam at the fittings and at home to determine the cap's effect on their bodies. Many groups asked women to share

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[64] Loie Sauer, "Cervical Cap, a Contraceptive, Emerges as an 'Attractive' Option," *The New York Times*, August 26, 1980, box 27, folder 2: "Cervical Cap, 1979-1992," BWHBC, Additional Records, Schlesinger.
[65] "The Cervical Cap."
[66] "Cervical Cap Parties," September, 1981, *Newsletter of the Feminist Women's Health Center,* box 47, folder 9: "Collaborations. Feminist Women's Health Center, Los Angeles, California [transcript of meeting following August 25, 1976 meeting of Abortion League; newsletters, clippings, etc., 1981]," BWHBCR, Schlesinger.
[67] Marion Banzhaf interview by Hannah Dudley-Shotwell, Skype, April 24-25, 2015.
[68] Bread & Roses Women's Health Center, Inc, box 32, folder: "Fitting, Models and problems," EGCR, IWA.

their findings by returning to recurring meetings. For others, women were on their own after the initial fitting but reported their findings through surveys. Many had previously used a diaphragm or other form of birth control, so meetings often consisted of comparing one form of contraception to another. One study, conducted by the Atlanta FWHC and six self-help groups located mostly in the South, surveyed 1650 women after three months of using the cap. In that timeframe, they found that the cap was 93% effective at preventing pregnancy for women who used it consistently and correctly. Most women noticed very few side effects at all and reported general satisfaction with it.[69]

Undertaking research on this scale and in conjunction with the FDA created new obstacles for self-help activists. Most self-help practitioners were inexperienced at conducting research within the confines of institutionalized American science. In order to participate and continue providing the cap, feminist clinics needed to have access to an Institutional Review Board (IRB). IRBs, which review and approve research conducted with human subjects, are typically associated with larger institutions, such as universities and hospitals. In order to get access to an IRB, feminist clinics dealt with a great deal of red tape. Untrained in the ins-and-outs of the system, clinics and their satellite self-help groups often found themselves unintentionally out of compliance with the law. Some self-help activists thought that the FDA was punishing the women's health movement for their earlier cooperation with other women's health groups' efforts to create legislation to increase the safety of other birth control methods such as the Pill and the Dalkon Shield

[69] "The Cervical Cap."

IUD. In spite of these hurdles, women in self-help groups and woman-controlled clinics around the nation continued fitting the cap and reporting their findings until the mid-1980s.[70]

Self-help activists offered their own bodies as tools for feminist research in clinics and self-help groups that experimented with the cap. For example, the Emma Goldman Clinic (EGC) hired "models" who had experience using the cap in order to teach other women to do cap fittings. Typically, the models worked in the clinic already, but they could earn extra by acting as models: $100 for the first session and $75 for every subsequent session. The models inserted their own speculum, and then training participants took turns practicing putting on the cap. Typically, each model worked with two women in training at a time. About four women acted as models at once in order to "give experience with a broad range of anatomical variations." They worked for about two or three hours at a time. Of course, being a cap model could easily grow uncomfortable after a while. The clinic advised the models to drink lots of water and take sitz baths immediately after a training session. Much like the women who served as PTP models, cervical cap models allowed providers to use their bodies as a kind of primer or textbook. They believed that fitting a cap on an actual woman who could provide feedback and guidance was much more effective than using a plastic replica or just learning from written instructions.[71] Though self-help activists were most interested in training other laywomen to do fittings, at least one self-help group trained doctors to fit

[70] Lorraine Rothman, "The Cervical Cap and the FDA: Safety and Efficacy for Whom?" box 55, folder 15,Toni Carabillo and Judith Meuli Papers, Schlesinger; Planned Parenthood, http://www.plannedparenthood.org/learn/birth-control/cervical-cap.
[71] "Model Preparation Meeting," box 32, folder: "Fitting, Models, and Problems," EGCR, IWA.

caps. Self-help activist Rebecca Chalker and two other women rented space in from a "liberal doctor" in New York and trained both laywomen and doctors. "We trained… the entire ob-gyn section at Columbia Medical School," Chalker recalled.[72]

The cervical caps studies undertaken by self-help practitioners further illuminate tensions over the self-help movement's relationship to institutionalized medicine. Self-help activists believed that the cervical cap was an empowering contraceptive device because women could control its use themselves. They recognized that a diaphragm offered many of the same benefits but wanted women who were dissatisfied with diaphragms to have the option of another barrier method. Though she needed a medical provider in order to get it, once a woman had a cervical cap, there was no need to continue interacting with a physician. Possessing a cervical cap imbued a woman with a kind of power that she did not have when she relied on a doctor to write a prescription for birth control pills every month or to insert and remove an IUD when he saw fit. However, once the FDA began to limit the use of cervical caps, feminist clinics and self-help groups had to interact with the very institutions that they viewed as the enemy in order to continue providing the cap. In order to keep fitting women with the cap, they tried to influence the FDA from within the confines of its own study.[73]

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[72] Chalker interview by Dudley-Shotwell, 2015.

[73] In the late 1980s, the FDA discontinued use of most forms of the cap, citing the possibility of vaginal lacerations and irritation. Since that time, new cervical cap brands have hit the market and are offered on a limited basis in the U.S. today. Planned Parenthood, "Cervical Cap" (FemCap), accessed November 19, 2015, https://www.plannedparenthood.org/learn/birth-control/cervical-cap.

Fertility Consciousness and Donor-Insemination

Throughout the 1970s, activists explored self-help methods of contraception and conception. While some women explored fertility consciousness as a method of birth control, others experimented with donor insemination in order to get pregnant. These self-help activists sought to remove their fertility from mainstream medical and government control. Their actions reflected the strand of the self-help movement that believed that because it was impossible to radically change the existing mainstream medical system, the best course of action was to work outside of it completely wherever possible. In an era when both contraception and pregnancy were becoming increasingly medicalized, instead of interacting with doctors and pharmaceutical companies to control their reproduction, these women took their fertility into their own hands.

In Cambridge, Massachusetts, in the late 1970s, a group of women affiliated with the WCHC and Rising Sun organized self-help groups around fertility consciousness. They used a self-help approach to adapt a method of birth control promoted by the Catholic Church. In these groups, women put a feminist spin on a method of birth control that they viewed as "conservative." This method had roots in the 1950s. Two Australian doctors, Evelyn and John Billings, backed by the Catholic Church, developed the Ovulation Method (OM) of "natural" birth control, sometimes called the Billings method. The Billings were Catholics who did not believe in chemical or barrier methods of birth control. Like many other Catholics, they were dissatisfied with the failure rate of the rhythm method and sought another method of "natural" birth control. The husband and wife couple discovered over the course of a menstrual cycle, the mucus of the cervix

undergoes observable changes. Couples observing these changes carefully could control their reproduction quite efficiently. Billings OM classes became popular in the U.S. in the mid-twentieth century.[74]

Self-help activists seized the Billings Method as a means of woman-controlled birth control, but they took issue with the political and religious context in which it was developed and practiced. They argued that the OM was intended to promote and strengthen "traditional" marriage and emphasize motherhood as woman's "natural" role. They believed that its developers and promoters did not intend it as a method of woman-controlled birth control. In fact, self-help activists at WCHC argued, its promoters intended for the women who used the OM to remain as ignorant as possible about the science behind the method. They cited a phrase commonly used in OM trainings, "KISS," or "Keep It Simple, Stupid" as evidence that Billings Method promoters encouraged teachers to share as little information with their students as possible.[75] After attending a Billings Method Conference, Jill Wolhandler from WCHC reported that "the political atmosphere was very Catholic—pro-nuclear family, anti-abortion, anti-sexuality." She told other members of Rising Sun that the conference was rife with tensions between the traditional Billings instructors and the feminist groups. Another member of the group, Paula Garbarino, reported that, speaking at the conference, John

[74] These practices go by a variety of names, including the OM, Billings Method, natural family planning, natural birth control, the cervical mucus method, and fertility consciousness.
[75] Susan Bell, et al., "Reclaiming Reproductive Control: A Feminist Approach to Fertility Consciousness," January/February, 1980, *Science for the People*, 6-35, box 214, folder 9: Natural Birth Control, 1979-85, n.d., NWHNR, SSC.

Billings told the attendees, "People who don't love children should get right out" of the Ovulation Method.[76]

In "fertility consciousness" self-help groups, women redirected what they saw as a moralistic message of OM supporters. In particular, they tried to "recognize and value sexuality as separate from reproduction."[77] Each time the group met, they conducted self-cervical exams in order to observe the changes in their cervical mucus that would indicate fertility. They shared information about other methods of birth control and compared notes on their side effects and effectiveness. The purpose was not to promote OM, but to explore it, in a self-help setting, as one among many possible birth control options.[78] Self-help activists argued that fertility consciousness as a method of birth control "completely frees a woman of dependence on a medical professional in matters regarding her fertility."[79]

Self-help activists also thought that fertility consciousness was a useful way for women to become more familiar with their own bodies and gain greater bodily autonomy, much like menstrual extraction. They renamed OM "fertility consciousness" in order to emphasize "that this information has a broader applicability than birth control."[80] They argued that the knowledge about her body that a woman gained by practicing fertility

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[76] Rising Sun Feminist Health Alliance, meeting minutes, January 27-29, 1979, box 13, folder 9.:"Rising Sun Feminist Health Alliance Mailings and Notes," BWHBC, Additional Records, Schlesinger.
[77] Helen Holmes, Betty Hoskins, and Michael Gross, *Birth Control and Controlling Birth: Women-Centered Perspectives* (Clifton, New Jersey: The Humana Press, Inc., 1980), 78.
[78] Gage, "Sexuality."
[79] "Fertility Consciousness and Woman-Controlled Natural Birth Control," box 12, folder 5: "Ovulation method/women controlled birth control self-help group, 1978-1979, n.d.," WCHCR, Schlesinger.
[80] Holmes, Hoskins, and Gross, *Birth Control and Controlling Birth,* 77

consciousness was "every woman's right."[81] They saw fertility consciousness as a "self-help tool." One publication said, "Fertility consciousness allows all women greater body awareness." They argued that even women who did not need birth control would find it "empowering." The group also saw fertility consciousness as potentially useful for menopausal women who wanted to monitor their estrogen levels.[82]

After reading a WCHC article on fertility consciousness, John Billings wrote to the WCHC expressing both his happiness that the group was exploring the OM and his disagreements. He agreed that the OM was "certainly not a Catholic method," emphasizing that it was backed by "expert, meticulous scientific research." Billings wrote that he fully supported use of the OM as a means of women's liberation, noting that he and his wife were especially interested in seeing the method used for this purpose, because they had five daughters of their own. He emphasized that when women attend OM classes at his teaching center in Australia, they were not required to accept Catholic teachings or even have knowledge of them. Billings took issue with the WCHC's characterization of the KISS method, defending the necessity of that method as a way to encourage teachers not to overload women with unnecessary information. "We are anxious to avoid the situation where the woman goes away bewildered and disheartened rather than informed," he wrote. He also argued that it was important for OM teachers to

[81] Ibid., 71.
[82] Ibid., 77-78.

ensure that they taught couples enough about the method to make them "autonomous and not dependent."[83]

Some self-help groups also experimented with the flipside of fertility consciousness contraception: self-help donor insemination. Many of the same skills and techniques that self-help activists used to perfect fertility consciousness were useful in donor insemination. Though the origins of experimentation with "at home" donor insemination are unclear, it seems that women in both the United Kingdom and the United States began exploring it seriously in the early 1970s.[84] They drew on the knowledge of their bodies gleaned through participating in self-help groups and reading medical texts. They also used information from farmers, ranchers, and scientists who had successfully practiced artificial insemination on animals for centuries.[85]

When self-help groups began experimenting with donor insemination in the 1970s, so-called "assistive reproduction" techniques were on the rise. However, most sperm banks and doctors were unwilling to work with single women or women in lesbian relationships trying to conceive. At that time, there were few laws governing donor

[83] I did not find any evidence in WCHC files that the group responded to Billings. John Billings to "The President, Fertility Consciousness Programme, Women's Community Health Centre," October 11, 1979, box 30, folder: "Subject files: natural birth control, 1975-1997," BWHBC Additional Records, Schlesinger.
[84] For an account of self-help donor insemination in the U.K., see Renate Duelli Klein, "Doing it Ourselves: Self Insemination" in *Test Tube Women: What Future for Motherhood?* ed. Rita Arditti, Renate Duelli Klein, and Shelley Minden (Pandora Press: Boston, 1984), 382-390.
[85] R.H. Foote, "The History of Artificial Insemination: Selected Notes and Notables," *American Society of Animal Science,* 2002, accessed December 29, 2015 https://www.asas.org/docs/publications/footehist.pdf?sfvrsn=0.

insemination, so individual banks made their own regulations, and doctors saw the patients of their choosing.[86]

A group in Los Angeles taught themselves to do donor insemination in much the same manner as they taught themselves to do Pap smears, fit cervical caps, check IUDs, and perform menstrual extractions. They started by reading the available medical literature and talking with sympathetic medical professionals. Then, they dialogued in groups about their own bodies and experiences and about the information self-help practitioners had gleaned by attempting fertility consciousness and tried it out for themselves.[87]

Two members of a Los Angeles based self-help group, Francie Hornstein and her partner Ellen Peskin, both used self-help methods to get pregnant. Hornstein's donor was a friend of Suzanne Gage, another self-help activist in their group. Recalling the process, Hornstein said, "I always had this worry in the back of my head that there was something special you had to do, and would this really work? And was it really that easy? Just collecting the sperm and putting it in my vagina?" It turned out that it really was that easy. Though neither Hornstein nor Peskin's insemination happened in a large self-help group, for both women, members of their group were present. In Hornstein's case, she, Gage, and Peskin met their donor at their home. "It was one of the most awkward social

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[86] See Jacquelyne Luce, *Beyond Expectation: Lesbian/Bi/Queer Women and Assisted Conception* (Toronto: University of Toronto Press, 2010).

[87] Francie Hornstein, "Children by Donor Insemination: A New Choice for Lesbians," in *Test Tube Women: What Future for Motherhood?* ed. Rita Arditti, Renate Duelli Klein, and Shelley Minden (Pandora Press: Boston, 1984), 374; Suzann Gage, "Sexualty: Donor Insemination," *Lesbian News,* August, 1985 ," in *Lesbian Health Activism The First Wave: Feminist Writings from the Early Lesbian Health Movement,* December 1973, Feminist Health Press, box 9, folder 28: "Brochures/factsheets/publications: publication: *Lesbian Health Activism: the First Wave*, 2001" Records of the Mautner Project, Schlesinger.

experiences I think I've ever had," Hornstein recalled. Gage, Peskin, and Hornstein used a syringe with a cannula attached to the end to insert the sperm, and "It worked! The self-help way," Hornstein recalled. Four years later, Peskin also got pregnant using self-help donor insemination. This time, she and Becky Chalker, another member of their self-group, went to the donor's home, and he provided a semen sample in a sterile plastic cup. Chalker recalled, "We went in the bedroom, and I had brought speculum, light, mirror, and a syringe without the needle. So … I bathed her cervix with the sperm … She got pregnant the first time."[88]

Hornstein believed that her self-help group's experimentation with self-exam and their familiarity with the anatomy of the cervix made insemination quite simple. Because she had access to medical supplies through the local FWHC, she used a syringe to transfer the semen, but she spoke later with other women who had successfully used other methods. Some employed common household items, such as the now legendary turkey baster. Other women placed sperm inside a diaphragms or cervical caps and fit the device over the cervix. At least one woman had her donor ejaculate into a condom, which she turned inside out into her vagina.[89] Many women used regular self-exams in order to determine when they were most fertile, just as women did when using fertility consciousness as a method of contraception. A group of British women who published a pamphlet on self-help donor insemination reported that they received many inquiries from women asking, "Surely it can't be *that* easy?" The group countered that it was, in

[88] Chalker interview by Dudley-Shotwell, 2015; Francie Hornstein interview by Hannah Dudley-Shotwell, Skype, June 2, 2015.
[89] Hornstein, "Children by Donor Insemination," 374.

fact, a simple procedure, as long as a woman was familiar with her body and ovulation cycle.[90]

Because sperm banks would only sell to certain women, several woman-controlled clinics began purchasing sperm themselves and selling it to their clients. Women who came to the clinics to access these services received information and counseling from the staff, and then they had two options: they could either take the sperm home with them, or the clinic staff would help them attempt donor insemination. In general, the clinics preferred that women choose the former, and that they have friends or partners help them perform the insemination at home. In 1984, the Oakland FWHC opened its own sperm bank and became one of the few places in the country that single and lesbian women could buy sperm directly.[91] Rising Sun members also considered setting up their own informal network of sperm donors, but the plan did not come to fruition.[92]

Self-help groups that practiced fertility consciousness and donor insemination found ways to operate entirely outside of the medical system. Though many women in the late 20th century felt liberated by the availability of birth control methods such the Pill, IUDs, diaphragms, and cervical caps, others saw any form of contraception that

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[90] Klein, "Doing it Ourselves: Self Insemination," 382-384; Gage, "Sexuality."
[91] Hornstein in Test Tube Women, 376- 377; Chalker interview by Dudley-Shotwell, 2015. Some of these clinics that remained open (the Atlanta FWHC, for example) still offer donor insemination services today.
[92] Rising Sun Feminist Health Alliance, meeting minutes, January 27-29, 1979. In subsequent decades, sperm banks have altered their policies and do not discriminate based on sexuality or marital status. However, almost all are unwilling to sell sperm to women without the signature of a licensed physician. Only New York and Georgia have state laws that require physician consent for a woman to purchase sperm. Many sperm bank themselves have implemented these policies on their own. The one exception I have found is Northwest Cryobank in Washington state.

forced women to interact with doctors as potentially oppressive. Using fertility consciousness, they found a method of birth control that did not require a doctor's assistance. Similarly, while some late twentieth century women were able to take advantage of physician-aided insemination, other women, particularly single or lesbian women, faced discrimination, exclusion, and disempowerment when they sought to conceive this way. Such women turned to their self-help groups and learned to do inseminations on their own terms, without the aid of a physician.

Self-help for Older Women

Creating an alternative system of care was no easy feat, and women who tried to operate completely outside of the medical system found that it was difficult to maintain their own self-help activities while simultaneously disseminating information about self-help to other women. This was the case for the Cambridge Area Menopause Collective. The Collective discovered that if they were going to act completely outside of the medical system, limits on time and energy meant that they had to decide between doing self-help for their own edification and helping other women do self-help.

Though a disproportionate number of self-help activists were young women, under thirty, the movement found support from some older women as well.[93] Some scholars suggest that older women of the 1970s and 1980s were less likely to try self-help because they had grown up in an era when discussing ones body and reproduction was taboo, and self-help simply scandalized them. For these women, self-help was sometimes about "unlearning" to hate or fear their bodies, and shedding feelings they had held for

[93] Sheryl K. Ruzek, "Emergent Modes of Utilization: Gynecological Self-Help," in *Women's Health Care*, ed. Karren Kowalski, WNPC, Schlesinger.

decades. While younger women may also have grown up with similar feelings, scholars suggest that perhaps they were more ingrained in older women. Though self-help appealed widely to younger women, several of the women most often associated with gynecological self-help, including Downer and Rothman, were older than thirty when they began practicing self-help. [94]

Often, mothers and daughters discovered self-help together. For example, Downer's daughter attended self-help groups with her in Los Angeles and then founded a clinic in Oakland. One woman recalled that, in 1974, she got a surprising gift from her college-aged daughter, Rebecca. Rebecca had come home from college excited about self-exam after seeing the mother and daughter team, Lolly and Jeanne Hirsch, discuss self-help and demonstrate self-exam. Rebecca's mother did a self-examination on herself, and then saw her daughter do one too. They were excited to compare and contrast what they saw. She recalled, "I could distinguish that my vaginal walls had become thinner and smoother, with less configurations than Rebecca's." Some clinics organized self-help groups specifically for mother-daughter pairs. [95]

In the mid-1970s, older women began organizing self-help groups specifically to talk about the realities of menopause and aging; their work was connected to a larger movement of women that addressed the political and personal issues facing aging women. In the 1980s, groups such as the Older Women's League (OWL) worked to address the economic impact of aging and the limitations of older women's access to

[94] Rosetta Reitz, *Menopause: A Positive Approach* (New York: Penguin Books, 1977), 96-97.
[95] Ibid.

medical care.[96] Some women organized older women's self-help groups from their homes, and others met in groups hosted by local clinics. The San Francisco Women's Health Collective, the Berkley Women's Health Collective, and the Cambridge Women's Community Health Center all had active groups. The members were typically women were approaching or had reached menopause but they also sometimes included younger women who were interested in menopause and aging. [97]

In self-help groups for older women, there was often a great emphasis on discussion and less emphasis on self-exam. One participant recalled, "Women want to share and validate their own experiences and perceptions as the older women in a sexist society. Ultimately, the meetings become political."[98] Many of these self-help activists believed that most women's experiences of menopause and aging were shaped by "gynecological imperialism," a system in which "predominantly male gynecologists, profit greedy drug companies, and the federal Food and Drug Administration join forces to practice their disastrous form of sexual politics." They believed that this system led to overprescribing of estrogen, over-diagnosis of osteoporosis, and overuse of hysterectomies. Older women's self-help groups explored alternative ways of dealing with their changing bodies, including taking calcium supplements, altering their diets, and increasing their exercise. They emphasized interacting with the medical system as little as possible. One participant said, "The power of our menopause self-help group

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[96] See Patricia Huckle, *Tish Sommers, Activist, and the Founding of the Older Women's League* (Knoxville: University of Tennesee Press, 1991).
[97] Kathleen MacPherson, "Hot Flash!! Women Reclaim Menopause," *Sojourner,* February, 1981, 11, box 21, folder 17: "Midlife and Older Women, 1982-84," NWHNR, SSC.
[98] Louise Corbett, "Getting Our Bodies Back: Menopausal Self-Help Groups," box 21, folder 17: "Midlife and Older Women, 1982-84," NWHNR, SSC.

movement lies in giving each of us the means to break the medical establishment's stranglehold over our perceptions of and ways to deal with our menopausal experience. We learn that, for most of us, menopause can be a liberating and even …a zestful experience!"[99]

The Cambridge Area Menopause Collective, closely associated with the Cambridge WCHC, began in September 1979. They met monthly as a Collective to have a self-help group and also facilitated frequent menopause self-help groups for local women who were not part of the Collective. Women who participated in these local groups could join the Collective once they "graduated" from a four-week self-help group if they chose. The Collective also published pamphlets and contributed sections to *Our Bodies, Ourselves.* The group "envisioned [them]selves as providing a service for women in the local area." That services was to introduce information on how older women could rely on self-help techniques instead of medical or pharmaceutical interventions as they aged.[100]

One of the local groups, which began in October 1979, enjoyed meeting together so much that they decided to continue meeting after their formal four-week session was over. Most of these women also joined the Menopause Collective. The "October Group" began meeting regularly for a few hours a week, and then most of the members adjourned to meet with the rest of the Menopause Collective. The Menopause Collective was very task-oriented because they often had to concentrate on organizing the self-help groups

[99] MacPherson, "Hot Flash!!," 11.
[100] Kathleen I. MacPherson, "Feminist Praxis in the Making: The Menopause Collective," (PhD diss., Brandies University, 1986), 225-229.

they facilitated for the community and on writing and publishing literature on self-help.[101] Kathleen MacPherson, who later wrote about her experiences in both groups for her doctoral dissertation in Sociology, believed that the Menopause Group functioned like a traditional "male" entity, with agendas, division of labor, and a rigid meeting structure. Because of this rigidity, internal self-help and intimacy often fell by the wayside. "Internal self-help was essentially ignored as we focused on 'spreading the word' about the medicalization of menopause and feminist self-help alternatives," MacPherson recalled. Meanwhile, the October Group focused very heavily on doing self-help together, especially dialoguing about their health issues, and "anarchy reined" in their meetings. MacPherson argued that the Menopause Collective was only able to survive because so many of its members also had the October Group as a place to "tak[e] care of our own needs" by practicing self-help. In the Collective, "We were not practicing what we, as a group, were promoting, namely, self-help."[102] In the October Group, self-help largely took the form of a group discussion of "information, knowledge, experiences, and feelings." Some Collective members who wished to spend more time on self-help in Collective meetings were particularly concerned that the group did not spend adequate time sharing information with each other. Others felt that the camaraderie and support of self-help in the October Group were as important as the information sharing.

[101] The group mailed over 900 packets of information on menopause and self-help to "most states in the union." They decided that they should only send materials written by group members or by other women with a "feminist perspective." They eliminated all articles written by a male doctor from their packet. Ibid., 300-303.
[102] Ibid., 232-277.

Some women felt that they could put internal self-help aside and focus on outreach to other women via local self-help groups and writing literature.[103]

When time constraints eventually led the October Group to disband, its members felt at a loss and "sorely needed an intimate sharing of experience …to create a work-intimacy balance in the Collective." One Collective member was particularly task-oriented, and several members of the group believed that she had a "corporate attitude." [104] The group eventually voted to expel her as a result. They cut down on the external Collective activities such as organizing new groups and publishing and began focusing more of their energy on internal self-help.[105]

Throughout the 1970s and 1980s, while many self-help practitioners sought creative ways to mold mainstream medicine to their liking, others searched for ways to extricate themselves from that same system. Both of these tactics proved to be effective.

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[103] Ibid., 348-363. Davi Birnbaum, "Mid-life Women," *Network News,* January/February 1983, box 1, folder 2: "Annual Reports, 1977-2006," NWHNR, SSC; National Women's Health Network, "Network Committees," box 21, folder 17: "Midlife and Older Women, 1982-1984," NWHNR, SSC. Wanda Wooten, "Midlife and Older Women's Health Project Proposal Draft (2nd)," January 11, 1983, box 45, folder 6: "Midlife and Older Women's Project," NWHNR, SSC; National Women's Health Network, "Empowering Mid-life and Older Women to Enhance Their Later Years," box 21, folder 17, Midlife and Older Women, 1982-84," NWHNR, SSC. Because the Menopause Collective was so popular and initiated so many local self-help groups, the National Women's Health Network (NWHN) later formed the Midlife and Older Women's Health Project in order to help older women set up self-help networks to address the issues most salient to their health. They reached out to the Older Women's League, the Gray Panthers, and the Black Women's Health Project for support. Groups focused on issues such as estrogen replacement therapy, hypertension, osteoporosis, menopause, and sexuality. They addressed the way aging women and their bodies were increasingly medicalized and targeted for drug and surgical interactions and discussed tactics for dealing with doctors and healthcare providers. They also focused on coping with the emotional aspects of aging.
[104] Ibid., 46.
[105] Ibid., 278-298.

Through both "watchdog" tactics and "advanced" groups, self-help practitioners influenced the kind of care women received both inside and outside of the medical system.

"Watchdog" tactics took many forms. Groups of self-help activists in California, Pennsylvania, and Florida used public demonstrations to influence local medical provision, particularly related to childbirth and abortion. They raided clinics, inspected hospitals, and sought media attention when healthcare providers did not meet their standards. Meanwhile, in Massachusetts, a group of women offered their bodies as textbooks to medical students in order to influence the kind of gynecological care women received from physicians. Though this particular group ultimately decided that it was fruitless to try to radically overhaul mainstream medical provision, in their wake, other women continued to work in this capacity to help future gynecologists' provide humane care.

Cervical cap providers negotiated the territory between medicalized and alternative healthcare. Cap proponents in the self-help movement wanted to offer women a method of birth control that involved very little interaction with doctors or pharmaceuticals. Ironically, in seeking such a method, they found themselves navigating a large-scale FDA research study and cooperating with an arm of the federal government.

In "advanced" self-help groups in California and Massachusetts, women met with various levels of success in eliminating medical control over their bodies. At least two groups practicing self-help insemination and fertility consciousness found ways to control their own reproduction without the help of a doctor or a pharmaceutical company.

However as the Cambridge Area Menopause Collective discovered, operating extra-medical self-help groups while simultaneously trying to encourage others to do the same, prove. Other organizations, which formed self-help groups to discuss psychological health and race, would experience similar tensions throughout the 1980s and 1990s.

CHAPTER V

HOLISTIC SELF-HELP

> Why go to a workshop on detecting cervical cancer if I don't have the self-esteem to even go get the damn Pap smear?– Loretta Ross

In the 1980s and 1990s, a variety of grassroots organizations that formed to address issues of racial and economic inequality in the women's health and reproductive rights movements emphasized self-help as part of their activism. These groups, formed by and for women of color and indigenous women, developed new uses for and understandings of self-help. This chapter explores how two health organizations, the National Black Women's Health Project (NBWHP) and the Native American Women's Health Education Resource Center (NAWHERC), reconfigured self-help to address the health issues most prevalent in their own communities. While their practices included some of the same elements seen in white women's organizations, both groups developed what they thought of as a "holistic" self-help approach to deal with health problems related to racism and colonialism. The NBWHP developed "psychological" self-help groups wherethey focused on mental and physical well-being. They also sometimes used psychological self-help at an organizational level, to help staff talk about their health and work out interpersonal issues. Meanwhile, NAWHERC used elements of a variety of self-help traditions to help a reservation deal with alcohol abuse, fetal alcohol syndrome,

and other related issues.[1] NBWHP and NAWHERC self-help groups met a need that both institutional medicine and predominantly white self-help groups failed to meet.[2]

Self-help as practiced by women of color and indigenous women has been largely overlooked in women's health movement literature. Though several of the leaders of the NBWHP, NAWHERC, and related groups have published extensively about their experiences, only a few scholars have examined these activities in depth.[3] Their experiences demonstrate further the diversity of self-help methods within the movement and show how activists found uses for self-help well beyond self-exam, menstrual

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[1]In seeking a way to differentiate self-help as practiced by groups such as the NBWHP from gynecological self-help, I asked prominent NBWHP leaders Loretta Ross and Byllye Avery what term they would apply to this particular brand of self-help. Each offered "psychological" as the best epithet, even though this group and related ones typically just used "self-help" on its own to describe their activities. For the sake of clarity, I use "psychological self-help" whenever I need to distinguish their activities from "gynecological self-help." Many other groups of women also developed their own unique uses for self-help. For example, the National Latina Health Organization adapted the NBWHP's psychological self-help model to suit their own needs, tackling issues such as teenage self-esteem and local violence. Other multiracial groups, including the SisterSong Women of Color Reproductive Justice Collective, SisterLove, and Be Present Inc., developed self-help processes as a way for women to dialogue in coalitions. These groups mostly developed in the late 1980s and 1990s, and all of them continued their self-help activities into the twenty-first century.

[2] Health activist and scholar Loretta Ross argued the term "women of color" was useful as a term of solidarity and because it was a term that women of color created, rather than a term imposed upon them. In this dissertation, I use the term when a group used it to refer to themselves. (The NBWHP, SisterSong, SisterLove, and Be Present, Inc. use the term frequently in their literature.) See "Origin of the Phrase 'Women of Color,'" YouTube video, 2:59, posted by Western States Center, February 15, 2011, https://www.youtube.com/watch?v=82vl34mi4Iw..

[3] Scholars who examine women of color and indigenous women's self-help based organizations include Jael Silliman, et al., *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge: South End Press, 2004); Jennifer Nelson, *More Than Medicine: A History of the Feminist Women's Health Movement* (New York: New York University Press, 2015); Jennifer Nelson, "'All This That Has Happened to Me Shouldn't Happen to Nobody Else': Loretta Ross and the Women of Color Reproductive Freedom Movement of the 1980s," *Journal of Women's History* 22:3 (2010): 136-160; Charon Asetoyer, Katharine Cronk, and Samanthi Hewakapuge, *Indigenous Women's Health Book: Within the Sacred Circle* (Indigenous Women's Press, 2003); Evan Hart, "Building a More Inclusive Women's Health Movement: Byllye Avery and the Development of the National Black Women's Health Project, 1981-1990," (PhD diss., University of Cincinnati, 2012.)

extraction, and reproductive health. As the NBWHP and NAWHERC deployed self-help as a holistic method of community healing, they added new arenas to the self-help movement.

The NBWHP and NAWHERC developed uses for self-help that were a direct response to the needs of their communities. In the late twentieth century, women of color and indigenous women continued to experience high rates of illness, largely because of lack of access to the medical system. Many were disproportionately poor and relied on Medicaid for healthcare. African Americans and Native Americans complained that many U.S. hospitals only admitted patients referred by a doctor, yet many doctors did not accept Medicaid. In the 1980s and 1990s, federal budget cuts to inner city and rural health centers, and cutbacks on food stamps, WIC, and school lunch programs furthered systemic health problems in communities of color. The federally funded Indian Health Service (IHS), the main provider of medical services on reservations, paid little attention to preventative health services. Physicians sometimes spoke a different language or were not familiar with cultural or religious norms of their patient. Some were blatantly racist and sexist.[4]

In the decades after *Roe*, women of color and indigenous women dramatically expanded the focus of the reproductive rights movement beyond abortion and birth control to include sterilization abuse, other forms of population control, domestic

[4] James P. Rife, Alan J. Dellapenna, *Caring and Curing: A History of the Indian Health Service* (Terra Alta, WV: PHS Commissioner Officers Foundation for the Advancement of Public Health, 2009); Barbara Gurr, *Reproductive Justice: The Politics of Health Care for Native American Women* (New Brunswick, New Jersey: Rutgers University Press, 2015); Andrea Smith, *Conquest: Sexual Violence and American Indian Genocide* (Cambridge: South End Press, 2005).

violence, incarceration, childcare, poverty, welfare rights, infant health, and access to basic health care.[5] The self-help groups that they formed, especially in the 1980s and 1990s, reflected this expanded focus. They sought the ability to decide for themselves when to bear and not bear children and the ability to raise children in a wholesome environment.[6] Though organizations like the NBWHP and NAWHERC did not form until the 1980s and 1990s, these organizations were rooted in ideas about reproductive politics that emerged decades earlier, and many of their founders and members were active in reproductive health and other leftist movements. Some women were members of gynecological self-help groups and worked in woman-controlled clinics. They recognized the limits of these groups and sought new uses for self-help methods.[7]

Avery and Allen Develop the Project and the Process

Scholars and activists in women's health and reproductive health typically credit two women, Byllye Avery and Lillie Allen, with developing and fostering psychological self-help in the NBWHP. Tracing their paths to the NBWHP helps to explain their goals for psychological self-help and how they developed the practice. While Allen developed the psychological self-help method, Avery created a network of black women to use it.

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[5] See Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003); Jael Silliman, et al., *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge: South End Press, 2004); Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997).
[6] SisterSong Women of Color Reproductive Justice Collective, "What is RJ," accessed March 31, 2015, http://sistersong.net/index.php?option=com_content&view=article&id=141&Itemid=8.
[7] Silliman et al., *Undivided Rights*; Nelson, *More than Medicine*.

For both women, "health" meant something larger than the physical manifestations of one's body.[8]

Byllye Avery's interest in health came about as a result of her husband's death of a heart attack at age 33. About a decade before, a doctor had told him that his blood pressure was high and encouraged him to exercise and diet. The doctor did not frame his high blood pressure as a life threatening condition, nor did he follow up with Wesley Avery about changing his diet and exercise habits or give him information on how to make those changes. After her husband's death, Avery began thinking about the importance of understanding family medical history. Wesley's family had a long history of diabetes and cardiovascular diseases, and Avery connected his death to the health habits of the African American community: "How we're reared, what we eat, what foods [we] love, what habits we're into." After his death, she began to think about how important it was for African Americans to be "astute health consumers" and to take care of themselves and each other.[9]

Avery's growing personal interest in healthcare led her to explore a career in reproductive health. In the early 1970s, while she was working at the Children's Mental Health Unit, a male colleague asked her and two other women, Margaret Parrish and Judith Levy, to do a small presentation about reproductive rights. As a result of the presentation, local women began to view Avery as an expert, calling her in search of information about where to obtain an abortion. The knowledge that some of these

[8] Ibid.
[9] "Power: Rx for Good Health," *Ms. Magazine,* May 1986, 56-62.

desperate women died because they could not access safe and affordable abortions significantly shaped Avery's future actions.[10]

Avery began participating in consciousness-raising groups made up mostly of white women in Gainesville. She also dug up a book that her husband had pestered her to read for years before his death: Betty Friedan's *The Feminine Mystique*. "It really opened my eyes, and I could not close them again," she recalled.[11]

Thereafter, working in various jobs at a woman-controlled clinic, a birthing center, and a community college, Avery grew increasingly concerned about the health of black women. Shortly after *Roe,* she founded and ran the Gainesville Women's Health Center. Through this work, Avery noticed that black women tended to use the clinic almost exclusively for abortions and not for well-woman care or gynecological self-help groups. In the late 1970s, Avery and three other women from the Gainesville clinic opened Birthplace, a birthing center managed by nurse midwives.[12] Few black women used the services at Birthplace because they were typically not covered by Medicaid or most insurance plans. Avery began to think about the connections between race, poverty, and health.

In 1980, Avery began to think about the connections between health and poverty when she took a job working for the local community college as a liaison for a job-training program through the federal Comprehensive Employment and Training Act

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[10] Byllye Avery interview by Loretta Ross, Voices of Feminism Oral History Project, Sophia Smith Collection, Smith College, Northampton, MA 01063, 15.
[11] Ibid., 16-19.
[12] Birth and Wellness Center of Gainesville, accessed December 1, 2015, http://birthwellnessofgainesville.com/home/.

(CETA). She spent a lot of time with the black women CETA students, many of whom were teenagers, and grew worried about their chronic absenteeism. Many had small children at home, and the children's illnesses and activities often kept their mothers from attending school. A number of CETA students were chronically sick as well, often with diabetes and hypertension. Alarmed at how many of the students had such serious health issues at a young age and recognizing that that they did not have access to childcare, transportation, and funds they needed to use the Gainesville clinic, Avery resolved to expand black women's access to healthcare.[13]

In the late 1970s, Avery became involved with the National Women's Health Network (NWHN), a Washington DC based organizations formed in 1975 to monitor federal health agencies and lobby for women's health issues in the federal government.[14] The first person to conduct research on black women's health for the NWHN, Avery came across a startling statistic: black women ages 18-25 rated themselves in greater distress than similarly aged white women who were officially diagnosed with a mental disorder. "That chilled me," she recalled. "I put my head down and cried."[15] Avery began to think about "conspiracy of silence" preventing black women from discussing their psychological distress and recognizing how that distress affected their health. This work inspired her to begin organizing the Black Women's Health Project (BWHP) as a

[13] Silliman et al., *Undivided Rights,* 66; Avery VOFOHP interview, 24.
[14] The original name of the organization was the National Women's Health Lobby. Silliman et al., *Undivided Rights,* 34.
[15] "Power: Rx for Good Health," *Ms. Magazine*, May 1986, 56-62, box 104, folder 2: Women's Health: The Press and Public Policy, 2005, NWHNR, SSC.

division of NWHN in 1981.[16] At the core of Avery's vision for the BWHP was a network of black women's self-help groups, where they could discuss and find ways to cope with their everyday experiences and emotions.[17] "Most of us didn't know how to take care of ourselves because we always took care of everybody else," she remembered. She wanted to create a space for black women to think and talk about caring for themselves. Avery moved to Atlanta to begin the Black Women's Health Project and to start the planning for a conference on black women's health. She chose Atlanta because it had a larger black population and because she had activist friends there. Though most of her activist friends were white, many had connections to black women activists. One friend introduced her to Lillie Allen.[18]

Lillie Allen recalled several experiences of racism that led her to an interest in self-help. When she was an undergraduate at an historically black college in Florida, other black students led her to believe she was not good enough to join the "Golden Girl" majorette squad because her hair was the wrong texture, her skin was the wrong color, and she was too short. In an interview, she recalled the irony her first memory of being ashamed of her race taking place at an historically black college that sought to foster racial pride. Years later, while attending graduate school at the University of North Carolina, Chapel Hill, Allen felt her self-doubt reach new heights. Enrolled in a

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[16] On the "conspiracy of silence," see Patricia Hill Collins, The BWHP would later become the National Black Women's Health Project (NBWHP).
[17] Linda Villarosa, *Body and Soul: The Black Women's Guide to Physical Health and Well-being* (New York: Harper Perennial, 1994), xv; "Power: Rx for Good Health," *Ms. Magazine*, May 1986, 56-62, box 104, folder 2: Women's Health: The Press and Public Policy, 2005, NWHNR, SSC.
[18] Avery VOFOHP interview, 25-26.

challenging graduate program, she struggled to contain a constant nagging feeling that everyone else in the room was smarter than she was. As part of her graduate program, she learned about a variety of therapeutic approaches to deal with negative emotions, but she felt that none of them would fully enable her to develop a positive "sense of self."[19]

One such therapeutic program that Allen encountered was Re-Evaluation Counseling (RC). In RC support groups, one person at a time was the center of attention. The group allowed this person space to "discharge" emotion. While Allen liked the idea of this process because it was useful for thinking through one's feelings, she also thought it was not results-oriented and there was no emphasis on what to do about negative feelings or how to turn them into actions. She thought that participants got stuck in the "naval gazing" and did not move forward to turn their pain and healing into political activism. Her critiques were very similar to the critiques many gynecological self-help practitioners had of 12-step self-help programs like Alcoholics Anonymous, which they faulted for not taking a political stance. Similarly, Allen similarly believed felt that programs like RC should have a political component. Further, very few African Americans participated in RC, and this model did not focus on racial issues.[20]

Allen combined her knowledge of programs like RC and other group therapy models with her belief that such programs should engage people politically and developed a psychological self-help process she called "Black and Female." Allen

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[19] Allen interview with Ross. Several historians credit Allen's training in Re-evaluation Counseling as the stimulus for creating the self-help model practiced by the NBWHP. In a personal conversation with Allen, she stated that she was influenced by a variety of therapeutic models.

[20] Silliman et al., *Undivided Rights,* 69; Ross, VOFOHP Interview, 204-205.

envisioned Black and Female self-help groups as a place to address systemic and internalized racism and their effects on health. She imagined that groups would pick an issue that affected their health, such as domestic and sexual violence, teenage pregnancy, infant deaths, chronic illness, stress, or self-esteem, and discuss that theme. The idea was that after using self-help to discharge their emotions on an issue that affected their health, the women in the group would take action and make political changes for themselves and others. "The whole process of Self-Help was supposed to lead to social justice work," health activist Loretta Ross explained. "You get rid of this baggage, this remembered pain, so that you can free up your body, your soul, your spirit to do more work and service to your community."[21]

The First National Conference on Black Women's Health Issues

The BWHP immediately began using a version of psychological self-help at an organizational level in order to resolve their differences. The BWHP formed an "organizing committee" in Atlanta, a group of about twenty-five black women, to plan the first National Conference on Black Women's Health Issues at Spelman College, a historically black liberal arts college for women in Atlanta. The organizing committee disagreed over what role white women should play at the conference. Avery and a few others wanted to include white women, especially members of the NWHN, since they were funding the conference. Others, including Allen, disagreed. They believed that the work of the conference-goers in addressing their own internalized racism would be

[21] Ross VOFOHP Interview, 203-205.

difficult enough without having to deal with interracial tensions as well.[22] It was here that Allen introduced her version of self-help, which she often called "the process," for the first time, viewing it as a way for the group to talk through these issues. Allen began by posing a question or problem (in this case, white women attending the conference) and asking the group how they felt about it. Then, the women went around the circle and each explained how she felt about the problem.[23] Avery noted that the process was similar to consciousness-raising from the 1960s and 1970s, but with an added emphasis on "analysis around racism, sexism, and classism."[24]

According to BWHP, the process created a "trusting atmosphere" so each member of the organizing committee could "talk about her experiences" with internalized oppression "and their effect on her personal choices and decisions." They believed that the process helped the entire group to "understand ourselves and each other in different ways." Individual women developed "self-esteem" as they divulged and owned their own experiences and decisions. The process also helped the group develop "closeness" as they dialogued about how internalized oppression affected their lives. This led the group to decide that women of any race would be allowed to attend, but that some workshops would be limited to black women only. Thereafter, they began every meeting with the

[22] Hart, "Building a More Inclusive Women's Health Movement," 61.
[23] Ross interview with Dudley-Shotwell. Hart, "Building a More Inclusive Women's Health Movement."
[24] Julie Rioux, "Black Women's Health: Empowerment Through Wellness," *Gay Community News,* February 25-March 3, 1990, box 26, folder 1: "Women of Color and Health, 1990-98, n.d." NAWHERCR, SSC.

process. The organizing committee continued to use the process over the two-year period that it took to plan the conference.[25]

Because Avery believed that there was a strong connection between health and racialized poverty the conference organizers worked hard to ensure that the women who attended were not just middle and upper class. They promoted the conference in black churches, civic organizations, social clubs, civic organizations, colleges and universities, housing projects, nursing homes and senior centers, welfare offices, public health clinics, counseling centers, labor unions, and YWCAs.[26] They sent letters to women, particularly in rural Georgia, within driving distance of the conference, offering them scholarships and transportation.[27] Criteria for receiving a scholarship were an interest in health and an inability to attend without scholarship funding.[28] Ultimately, about a quarter of the conference participants were funded by scholarships.[29] The BWHP hoped that attendees would return to their communities and form hundreds of self-help groups after the conference.[30]

During the conference planning stages, the BWHP used loosely organized "self-help study groups." As they considered what type of activities to include in the conference, the group decided they needed input from women around the country in order to determine what health issues black women were interested in addressing. Avery

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[25] Ross, VOFOHP Interview; "Black and Female: What is the Reality?" February 15, 1988, 46, box 104, folder 1: "Allies Training, 1988," NWHNR, SSC.
[26] Avery to Hager.
[27] Avery VOFOHP interview, 32-33.
[28] Avery, funding application to The Funding Exchange.
[29] Hart, "Building a More Inclusive Women's Health Movement," 65.
[30] Avery, funding application to The Funding Exchange.

traveled to potential self-help group sites around the South with a slide show about women's health. She also took a "how-to packet" that included health information, reading lists, and information about local and national health agencies. The BWHP helped local women in ten states, mostly in the South, form their own self-help groups. Groups often formed around specific health topics, largely based on the expertise or interests of the members. The goal of the groups was to encourage women to take an active role in their own health by learning "self-help skills" such as blood pressure monitoring, link women with important resources, help them educate themselves about health, and learn what health issues were most important to black women and their families. These groups empowered members by helping them build knowledge about health and healthcare while simultaneously giving the BWHP insight into the concerns of local women. The BWHP reported that their most active groups were in rural areas, "where access to health services is a critical problem." After observing the groups in person and talking with members on the telephone, Avery decided that a key ingredient needed for black women to improve their health was a feeling of empowerment. Many women seemed to believe that they had no control over their own health. She and the conference planning committee discussed how to use the conference to provide women with both new knowledge and a feeling of control. [31]

The first National Conference on Black Women's Health Issues was a huge success. The conference organizers hoped to have one to two hundred women attend, but

[31] Belita Cowan and Byllye Avery, "Black Women's Self-Help Study Groups in Georgia, North Carolina, and South Carolina," National Black Women's Health Project/National Women's Health Network, funding application to the Fund for Southern Communities, box 104, folder 13: "Grant Proposals and Related Correspondence, 1981-83, n.d.," NWHNR, SSC.

as conference registrations began pouring in, it became clear that the conference would attract closer to two thousand women.[32] On the day of the conference, women from across the nation arrived in buses and vans. Women brought their mothers, sisters, aunts, and grandmothers. One family of women spanning four generations attended, as well as Avery's own mother.[33] Avery recalled, "They came with PhDs, MDs, welfare cards, in Mercedes and on crutches, from seven days old to 80 years old – urban, rural, gay, straight."[34] Sixty workshops, films, exhibits, and self-help demonstrations ran throughout the weekend. The conference also featured health screenings, films on natural childbirth, photo exhibits featuring black women's life cycles, discussions of teen pregnancy, and yoga sessions, all led by black women healthcare providers and consumers. The most popular programs were the ones that dealt with emotional and psychological health. The conference organizers taped many of the 60 workshops in order to later disseminate them among self-help groups around the nation. [35]

The most popular event at the conference was Lillie Allen's psychological self-help workshop, "Black and Female: What is the Reality?" In the first session, over three hundred women tried to cram into a room designed for fifty people. She had to repeat the

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[32] Evan Hart, "Building a More Inclusive Women's Health Movement: Byllye Avery and the Development of the National Black Women's Health Project, 1981-1990," (PhD diss., University of Cincinnati, 2012), 60.
[33] Avery VOFOHP interview, 26-29.
[34] "Power: Rx for Good Health," *Ms. Magazine*, May 1986, 56-62, box 104, folder 2: "Women's Health: The Press and Public Policy, 2005," NWHNR, SSC.
[35] Betty Norwood Chaney, "Black Women's Health Conference," *Southern Changes* 5 (1983), 18-20; Avery, funding application to The Funding Exchange; "Black Women's Health Project/Conference," September 15, 1982, box 104, folder 7: "Black Women's Health Conference, 1983, Schedules, programs, and printed material, 1982-83," NWHNR, SSC.

workshop every day of the conference in order to satisfy the demand.[36] Women perched on tables and the floor, and many shared a single chair so that they would all fit. At the first session, Allen kicked her shoes off and climbed up on a table. She told the crowd, "We have got to begin moving closer to each other. Get as close as you can. It's past time for holding back."[37] Then she invited the women to begin coming to the front of the room to discuss the struggles of being black and female.[38]

Slowly, women came forth to tell about childhood rapes, abusive marriages, and health problems.[39] As women told their stories, they laughed and cried. They hugged their old friends and their new "sisters."[40] Allen divided the large group into several smaller ones to continue practicing self-help in this manner. Ross remembered her experience this way:

> The next thing you know, you got a room full of black women crying their hearts out… As you start peeling back the scabs, it hurts... Once they dried their tears, it felt like each of us had lost 50 pounds… You have no idea how heavy the baggage is… until you get a chance to discharge some of it. All of a sudden, you felt so much emotionally lighter. Really, a catharsis, a really good, soul-cleansing kind of process.[41]

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[36] Ross, VOFOHP interview, 203.
[37] Felicia Ward, "I Met Lillie… And Discovered Myself or How Self-help Programmes are Born," August, 1987, box 17, folder 3: "Annual Meetings, 1988-89," Ross Papers, SSC.
[38] National Black Women's Health Project, "Open Your Life," box 17, folder 10: "Promotional Material," Ross Papers, SSC.
[39] Maureen Downey, "A Healthy Concern for Black Women: Crisis of 'Being Sick and Tired' Gave Birth to Feminist's Projects," *The Atlanta Journal and The Atlanta Constitution,* May 7, 1987.
[40] Felicia Ward, "I Met Lillie… And Discovered Myself or How Self-help Programmes are Born," August, 1987, box 17, folder 3: "Annual Meetings, 1988-89," Ross Papers, SSC.
[41] Ross VOFOHP interview, 206.

For Ross and many of the women at this conference, a self-help workshop about internalized oppression made much more sense than those on gynecological self-help. "Why go to a workshop on detecting cervical cancer if I don't have the self-esteem to even go get the damn Pap smear?" The goal of Allen's version of self-help was for black women to decide for themselves which issues were most crucial to their well-being and focus first on those.[42]

Self-help After the Conference

After the conference, the NWHN turned the fledgling Black Women's Health Project into the first national health organization devoted strictly to women of color. For the time being, the National Black Women's Health Project (NBWHP), often simply called "the Project," remained a part of the NWHN. The Project focused on using psychological self-help to address how internalized and institutional racism and sexism affected black women's health. Both staff and the board of directors of the organization practiced this kind of self-help on a regular basis.[43] They published pamphlets and books on black women's health, formed local groups, and held regional and national conferences in order to disseminate self-help information. For this group, "health" went beyond the physical body. Since black women were more likely to suffer from stress-related illnesses, the NBWHP thought that it was important to tackle sources of stress (which were often related to money, racism, and feelings of self-worth) at the source.

[42] Loretta Ross interview by Hannah Dudley-Shotwell, August 18, 2015.
[43] "Black and Female: What is the Reality?"

They believed in using self-help groups to equip black women with tools to confront the emotions that often led them down the road to poor health.[44]

The NBWHP recognized important antecedents for psychological self-help in both white and black women's activism. Before the Spelman Conference, black women's participation in gynecological self-help groups had been limited. Some black joined mostly white self-help groups or worked in woman-controlled clinics, and a small number started their own gynecological self-help groups. However, as NBWHP literature explained, "facilitators of mutual aid/self-help groups did not consider or were unable to respond to, the difficulties experience[d] by Black women."[45] The NBWHP developed their own self-help groups as a direct "response to the limitations of this mutual aid/self-help movement."[46] The NBWHP saw that predominantly white gynecological self-help groups had successfully created awareness around reproductive health issues. They wanted to create a similar awareness around health issues affected by race, and they felt it was "essential" that they conceive of and control this message.[47] In

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[44] Peter Scott, "Community: The Atlanta Project Clusters – Center's Potpourri of Services Cater to Black Women's Health," *The Atlanta Journal and the Atlanta Constitution,* Jun 30, 1994, N-10; National Black Women's Health Project, "Targeted Program Development: Public Housing, Context for Change the Center for Black Women's Wellness," box 19, folder 2: "Empowerment Through Wellness, 1989," Ross Papers, SSC.

[45] Some scholars use the term "mutual aid" to refer to self-help groups more broadly. In particular, this term often denotes eighteenth and nineteenth century Friendly Societies and craft guilds, and so forth, but can also refer to twentieth century iterations of voluntary reciprocal exchange groups like the self-help groups of the women's health movement. See David T. Beito, *From Mutual Aid to the Welfare State: Fraternal Societies and Social Services, 1890 – 1967* (Chapel Hill: University of North Carolina Press, 2000), 1–2.

[46] The National Black Women's Health Project, "Self-help Program Process," box 19, folder 2: "Empowerment Through Wellness, 1989," Ross Papers, SSC;

[47] Byllye Avery, "A Proposal for General Support of The Black Women's Health Project, National Women's Health Network," December, 1983, 8-9, box 104, folder 13: "Grant Proposals and Related Correspondence, 1981-83, n.d.," NWHNR, SSC.

addition, NBWHP leaders saw their self-help groups as a continuation of "the legacy of black self-improvement and community uplift projects, such as black women's clubs," and other efforts black women had been making in the U.S. for hundreds of years.[48]

In 1984, the NBWHP organized as a separate entity from the predominantly white NWHN.[49] The NBWHP set up a national headquarters in Atlanta. They purchased a sixteen room, robin's egg blue, clapboard house on two-and-a-half acres. They filled it with plush sofas and covered the walls in tapestries, paintings, and conference posters.[50]

The success of the Black and Female workshop encouraged the NBWHP to focus on forming psychological self-help groups across the nation in order to empower black women to face their unique health challenges. They decided to emphasize self-help in alignment with Allen's Black and Female model in order to focus on how internalized racism affected black women's health. Black women's self-help groups began by asking "What health problems are we experiencing?" and "What do we need to do to take charge of our lives?" Because of their high rates of poverty, black women were often at a high risk of hypertension, heart disease, diabetes, kidney disease, and obesity. Since they frequently lacked quality health care, black women also had much higher rates of death from diseases such as cancer. Black infant mortality rates were double the rates of white infants. The NBWHP believed that all of these factors, combined with the stress of economic hardships, left more than half of black women in "psychological distress." The

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[48] Judith Aliza Hyman Rosenbaum, "Whose Bodies? Whose Selves? A History of American Women's Health Activism, 1968-present," (PhD diss., Brown University, 2004.), 122.
[49] Avery VOFOHP interview, 30-31.
[50] Downey, "A Healthy Concern for Black Women;" Andrea Rivera-Cano, "Foreword," in Contact: A Bimonthly Publication of the Christian Medical Commission World Council of Churches, 98, August, 1987, box 17, folder 3: "Annual Meetings, 1988-89," Ross Papers, SSC.

NBWHP's goal was to use self-help groups to embolden black women to tackle these race-related health problems.[51]

Some black women who had been involved in gynecological self-help before the conference had to decide whether to embrace psychological self-help. One group of women in Washington, DC, the Black Women's Self-help Collective, had formed in the early 1980s specifically to bring cervical self-exam to their community.[52] They attended the conference as a group, and several members went to Allen's Black and Female Workshop. After the conference, this group debated whether to continue their work with cervical self-exam in the Black Women's Self-help Collective or form a chapter of the National Black Women's Health Project? They chose the latter, because they wanted to be part of a larger network of women and expand their focus beyond gynecology. Thereafter, this group did not completely ignore gynecology; instead they integrated it into a more holistic view of health. Similarly, the larger NBWHP saw gynecological self-help strategies such as self-exam as one of many self-help techniques available to them.[53]

By the late 1980s, the NBWHP's network of self-help groups had expanded enormously. At first, the NBWHP mostly consisted of a few loosely connected self-help groups in large cities such as Atlanta, Philadelphia, and New York. Within five years after the conference, there were chapters in twenty-two states. In 1989 Avery won the

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[51] Health Fact Sheet on Black Women; "A Good Self-help Group is a Mutual Self-help Process."
[52] These women included Loretta Ross, Mary Lisbon, Faye Williams, Ajowa Ifateyo, and Linda Leaks. Ross often distinguished between gynecological self-help and Allen's form of self-help by calling the former "drop your pants" self-help.
[53] Ross, VOFOHP interview, 206; Ross interview with Dudley-Shotwell. In 1993, the NBWHP created a video called *It's OK to Peek* giving women instructions on how to do cervical self-exam.

MacArthur Fellowship or "Genius Grant," an annual award of $500,000 given to about twenty to thirty Americans that the MacArthur Foundation believed were doing exceptional work in their field.[54] As a result of the publicity she received from the awards, membership in the NBWHP exploded. Project staff described the phone ringing constantly for months as women from all over the nation sought information about starting their own chapters.[55] At that point, the Project had no formal guidelines for forming new chapters or doing self-help. Ross, who had just accepted a job as Director, began hiring regional directors to help form chapters and set to work writing a self-help manual.[56] The NBWHP offered assistance to local dues-paying chapters over the phone, visited the groups in person, and wrote "how-to" guides for local chapters to use. They kept careful track of the local chapters, who reported their activities frequently in order to maintain membership status. The national office in Atlanta also helped local groups fundraise, manage their finances, and coordinate media attention. The NBWHP also facilitated connections among local chapters by holding regional and national meetings, retreats, and trainings. Meanwhile, the leaders continued to practice self-help among themselves.[57]

According to the official guidelines that the NBWHP developed, each self-help group would be led by a developer and a co-developer. To be an official affiliate of the NBWHP, the developers had to be dues-paying members of the NBWHP and be willing

[54] MacArthur Foundation, accessed January 15, 2016, https://www.macfound.org/.
[55] Ross VOFOHP interview, 206.
[56] Ibid., 208.
[57] "Self-help Program Description," box 17, folder 3: "Annual Meetings, 1988-89," Ross Papers, SSC.

to attend regular national meetings.[58] Developers brought together a core group of about three to ten local women to meet and do self-help on a regular basis. The self-help developer's manual required these core group members had to "understand and accept the vision of the NBWHP" and "be willing to take some risks in the sharing of personal information in an informal gathering of self-helpers."[59]

The structure of a NBWHP self-help group meeting was fairly rigid. Groups had rotating facilitators whose job it was to ask a question to get the discussion started.[60] Ross recalled that these questions could include anything from "What went on with your week that makes you feel good?" to "What would you have liked to accomplish in your life that you haven't had a chance to do?" to "When have you felt someone hurt you?" Many groups had a time limit in which each person had a chance to respond. Others allowed participants to talk for as long as they felt comfortable. Typically, responding to another person's story with questions or thoughts was taboo, "because people's stories are owned by the people who are telling the stories. So their stories aren't there for your curiosity or your edification or for you to ask them questions so that you can find out more or learn more," noted Ross.[61]

The NBWHP was adamant that members should not view self-help groups as a form of group therapy or as a place to air grievances or get advice. Avery pointed out that self-help groups were not an appropriate place to say, "Sister, go get your Pap smear."

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[58] National Black Women's Health Project, *Self-help Developer's Manual,* 1990, box 18, folder 16: "Self-help Developers, 1988, 1990, n.d." Ross Papers, SSC.
[59] NBWHP, *Self-help Developer's Manual.*
[60] Ibid.
[61] Ross interview with Dudley-Shotwell.

Instead, self-help groups were a place for women to listen to each other's stories. Members should ask "Sister… what's on top for you?" If keeping up with bills or low self-esteem were the issues "on top" for a woman, then the group's role was to help her come to terms with those issues. The NBWHP believed that addressing what was "on top" was the only way for a woman to improve her overall health.[62]

Especially in the early years of the NBWHP, Project staff was very devoted to doing self-help together. They even held self-help retreats several times a year in the mountains of north Georgia. Group leaders from around the country gathered with the staff from the Atlanta office, and they spent Friday night and Saturday morning doing self-help. They held health education seminars and then capped the weekend off with a talent show.[63]

One major goal of the NBWHP was to reach low-income women with limited access to health care.[64] Eighteen NBWHP-affiliated self-help groups formed in several public housing developments around Atlanta. The majority of these self-help groups were in the McDaniel-Glen public housing development. In 1988, to further support these groups, the NBWHP founded the Center for Black Women's Wellness (CBWW), a community-based center in Mechanicsville (near Atlanta). The goal of CBWW was to provide a place for poor, local women get medical screenings, learn job skills, and access resources, particularly for pregnancy. The CBWW hosted "Plain Talk" programs for

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[62] "Power: Rx for Good Health," *Ms. Magazine*, May 1986, 56-62, box 104, folder 2: Women's Health: The Press and Public Policy, 2005, NWHNR, SSC.
[63] Avery, VOFOHP, 30.
[64] Betty Norwood Chaney, "Black Women's Health Conference," *Southern Changes* 5 (1983), 18-20, available, http://beck.library.emory.edu/southernchanges/article.php?id=sc05-5_008

adults and teens to gather and talk about sexuality, held tutoring and career counseling, and offered help for young women to obtain their GED. The NBWHP envisioned the CBWW as an extension of self-help groups. As the NBWHP saw it, in order to be healthy, young women needed access to the basic education and career services. For these women, school and jobs were "on top." In order for them to think about their physical and mental health, the NWBHP believed they needed control over these other aspects of their life.[65]

After publishing hundreds of pamphlets and newsletters on self-help in the 1980s, in the early 1990s, the NBWHP began to publish books to reach women who may not have been able to attend an in-person self-help group.[66] The Project sponsored member Linda Villarosa's *Body and Soul: The Black Women's Guide to Physical Health and Emotional Well-being,* a book that sought to "end the damaging conspiracy of silence about the realities of Black women's lives."[67] Having spent five years as the health editor of *Essence* magazine, Villarosa believed "black women were hungry for health information because any time we did a story about health, we'd get so many, many calls and letters, and if we listed a resource name and number that person was just

[65] Peter Scott, "Community: The Atlanta Project Clusters – Center's Potpourri of Services Cater to Black Women's Health," *The Atlanta Journal and the Atlanta Constitution,* Jun 30, 1994, N-10; National Black Women's Health Project, "Targeted Program Development: Public Housing, Context for Change the Center for Black Women's Wellness," box 19, folder 2: "Empowerment Through Wellness, 1989," Ross Papers, SSC.
[66] Cassandra Spratling, "Easy-to-read, sister-sister style: Health concerns facing black women," *Boca-Raton News*, April 16, 1995, available https://news.google.com/newspapers?nid=1290&dat=19950416&id=eCJUAAAAIBAJ&sjid=io0DAAAAIBAJ&pg=5591,191427&hl=en.
[67] Villarosa, *Body and Soul,* back cover.

overwhelmed."[68] Yet when Villarosa first took her idea for *Body and Soul*, a self-help guide by and for black women, to a publisher in 1986, and the publisher rejected it. Everyone she approached at first seemed skeptical about whether "black people buy books."[69] Ultimately, in 1994, Harper Collins agreed to publish the book, which it marketed as "the first self-help book for black women." The book had dozens of contributors: 16 authors, four doctors, 60 first-person storytellers, a team of consultants from NBWHP, and a forward by Angela Davis and June Jordan. [70] According to Villarosa, some of the contributors shared their stories not only help women, but to help themselves.[71]

The title, *Body and Soul,* was an apt summary of the Project's overall philosophy. *Body and Soul* addressed physical and emotional health simultaneously. Villarosa believed that both physicians and many books on health failed to address "the whole person." For example, she said, "The doctor treats the high blood pressure, but pays little attention to what's driving the pressure up in the first place."[72] The book encouraged women to take action to improve both the health care system and their individual health. "It's about learning to stand up for yourself in the health-care system, and most importantly about self-esteem. If you really love yourself, then you'll take care of

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[68] *Essence* is a monthly magazine whose target audience is African-American women ages 18 to 49.
[69] Linda Villarosa, "Body and Soul," *Women's Review of Books,* July 1994, 13-14.
[70] Cynthia M. Dagnal-Myron, "Book Reaches Beyond Basics," *The Arizona Daily Star,* January 6, 1995, 1D; Miki Turner, "Guide to Health Focuses Uniquely on Black Women," *The Orange County Register,* January 15, 1995, F23.
[71] Villarosa, *Body and Soul*, xiv.
[72] Cassandra Spratling, "Easy-to-read, sister-sister style: Health concerns facing black women," *Boca-Raton News*, April 16, 1995, available https://news.google.com/newspapers?nid=1290&dat=19950416&id=eCJUAAAAIBAJ&sjid=io0DAAAAIBAJ&pg=5591,191427&hl=en.

yourself," Villarosa told *The Orange County Register*. There was also an entire chapter on dealing with doctors. As one reviewer said, "You may not be able to find a black woman doctor but at least you can learn to talk to the white male doctors you will probably be faced with."[73] The book also explored a variety of "alternative" methods of healing, including acupuncture, aromatherapy, and homeopathy. Much of the focus was on diet and exercise, "not just because it will help you live longer, but because you'll feel better," said Villarosa. The book offered women a chance to learn about their bodies. It also included a liberal dose of lessons about the shortcomings of institutional medicine and encouraged women to take their health into their own hands. [74]

Conflict Over Self-help within the NBWHP

The NBWHP leaders used self-help at an organizational level, but here, the process sometimes bred conflict. Allen saw self-help as an essential part of the organization's decision-making process.[75] However, there were some women who did not want to participate because they saw it as "cultish" and "touchy-feely." Some members thought this conflict had a class element. Ross recalled that the "professional, health-oriented women" were not interested in talking about feelings and pain. "They wanted to talk about how to get more black women to get Pap smears. Lillie wanted to talk about why black women who knew they needed Pap smears weren't getting them."[76]

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[73] Linda Villarosa, "Body and Soul," *Women's Review of Books,* July 1994, 13-14.
[74] Miki Turner, "Guide to Health Focuses Uniquely on Black Women," *The Orange County Register,* January 15, 1995, F23.
[75] Silliman et al., *Undivided Rights,* 71.
[76] Ross, VOFOHP interview, 210.

Sources tell conflicting stories about how the leadership of the NBWHP divided, but conflict over self-help certainly contributed to what became a split between Avery and Allen.[77] Because she held a leadership position in the NBWHP, Avery believed that it was inappropriate for her to share certain aspects of her life when doing self-help with other staff.[78] She believed that some things were too personal to tell her coworkers. One major tenet of NBWHP self-help was that group members must never reveal to others what they had learned about another member in a self-help session. Avery stopped doing self-help when another woman revealed to a larger group something Avery had said in a self-help session.[79] Despite these problems, Allen continued to insist that self-help was the organization's life and soul and that it was a huge misstep for a leader to opt out. [80] Perhaps knowing that the conflict between herself and Avery was about to come to a head, Allen copyrighted the phrase "Black and Female: What is the Reality?" in 1988.[81] Avery was livid. She felt that the concept belonged to the entire NBWHP.[82] Tensions between the two sides grew heated. Some felt that it made more financial sense for the

[77] Ross VOFOHP interview, 208-209. According to Ross, around the time the NBWHP began writing the self-help manual, tensions between Avery and Allen's began to boil over. Ross suggested that Allen feared that her role in the Project would be reduced if they made the self-help process so widely accessible by disseminating the manual. Ross also suggested that the major problem was simply a feeling of competition between Allen and Avery.
[78] Avery interview with Dudley-Shotwell.
[79] Ross VOFOHP interview, 222.
[80] Ross VOFOHP interview, 222; Silliman et al., *Undivided Rights,* 73.
[81] http://www.trademarkia.com/black-and-female-what-is-the-reality-73735692.html; Ross VOFOHP interview, 210-211; http://www.bepresent.org/images/stories/2015-06-11_B&F_June_2015_FINAL.pdf.
[82] Ross VOFOHP interview, 210-211. The conflict grew increasingly ugly. Many NBWHP employees felt that they had to take sides. Ross recalls that she had a terrible time deciding what to do, because she felt loyal to Avery but also really devoted to the self-help process.

organization to shift its focus away from self-help. They thought it would be easier to getting funding to do policy work than to support self-help organizing.[83]

In 1990, after extensive attempts at conflict resolution, the staff and board decided that self-help would no longer be the NBWHP's major focus.[84] They opened a public education and policy office in D.C. and eventually moved their headquarters there. Allen left the Project. In 2002, the Project changed its name to the Black Women's Health Imperative (BWHI). Today, the BWHI focuses on policy rather than grassroots self-help. Only a few self-help local chapters still exist, and they do so largely independently of the BWHI.[85] Yet self-help did not disappear from women of color's health organizations. Instead, it lived on in groups that formed after the Project, including NAWHERC.

Charon Asetoyer and the Native American Community Board

The founder and leader of NAWHERC was Charon Asetoyer, a Comanche who grew up in the Bay Area of California. In the early 1970s, she closed the small shop she owned in San Francisco and enrolled in San Francisco City College. There, she met her first husband, a man who began abusing her after they married. She left school and went to work with the Women, Infants, and Children (WIC) program, a federal effort to distribute food and nutrition information to low-income pregnant women and mothers with small children. This job took her to rancheros and reservations in Northern California, where she saw the plight of Native American communities firsthand. In 1976,

[83] Silliman et al., *Undivided Rights,* 76; Ross VOFOHP interview, 210-211. The supporters had physical fights. Once, a woman even brought a gun to work and put it on her desk "just to let people know not to fuck with her."
[84] Silliman et al., *Undivided Rights,* 76
[85] Ross VOFOHP interview, 220-221.

Asetoyer left her husband and continued her activism as a "rank and file" demonstrator in California.[86] Asetoyer enrolled in the University of South Dakota where she met her second husband, Clarence Rockboy, and became active with Women of All Red Nations (WARN), an intertribal Native American women's activist organization that focused on issues including health, environmental justice, treaties, prison culture, and reservation life. Through WARN, she began to understand how pervasive alcoholism and fetal alcohol syndrome (FAS) were on reservations in this area. In the mid-1980s, Asetoyer left WARN, and she and her husband helped start the Native American Community Board (NACB) on the Yankton Sioux Reservation in Lake Andes, South Dakota. The organization, founded in 1986, began developing programs to address "health, education, land and water rights, and economic development issues pertinent to Native American people."[87]

Living and working on the Yankton Sioux Reservation in the mid-1980s, Asetoyer saw the myriad difficulties that plagued indigenous women. In South Dakota, over half of all domestic violence cases occurred in Native American communities, though Native Americans made up less than seven percent of the population. Only about a third of indigenous women in the state received regular prenatal care. The infant mortality rate in South Dakota was on the rise; there were 28.8 deaths per one thousand

[86] Charon Asetoyer interview by Joyce Follet, Voices of Feminism Oral History Project, Sophia Smith Collection, Smith College, Northampton, MA 01063, 1-5.
[87] Asetoyer interview, VOFOHP, 22; Native American Women's Health Education Resource Center, accessed April 4, 2014, http://www.nativeshop.org/. The other founders were Clarence Rockboy, Everdale Song Hawk, Jackie Rouse, and Lorenzo Dion. The founders all lived on or near the Yankton Sioux Reservation.

births (nearly triple the national average).[88] Three percent of all children on the reservation were born with fetal alcohol syndrome. Asetoyer noted problems in the wider community, among both men and women, as well. Seventy-five percent of people over forty had diabetes. Eighty-five percent of the Native American adults on the reservation were unemployed. Asetoyer believed that many of these issues grew in part out long-term effects of colonialism, including poor healthcare and alcohol abuse. [89] She also believed that many women had "internalized barriers," including a lack of self-esteem, because of lifelong experiences of racism. Recognizing that these "barriers" were contributing to Native American women's overall health, she began looking for a way to address them.[90]

Native American women often did not receive adequate healthcare on the reservation. When the NACB was founded, over ninety percent of the Yankton Sioux reservation population relied on the federally funded Indian Health Service (IHS) for healthcare, which posed a number of problems. The IHS existed as a result of treaty obligations that required the U.S. government to provide healthcare on reservations.[91] Many people did not feel a sense of confidentiality and security when dealing with the federally funded IHS, so they were hesitant to take advantage of its services. Women in particular were often loath to use IHS services for reproductive care, because they resented the intrusion of the federal government into practices long controlled by

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[88] Centers for Disease Control and Prevention, National Center for Health Statistics, Infant Mortality Rates, 1950–2010, *Health, United States, 2005, National Vital Statistics Report.*
[89] "The Socioeconomic, Health & Reproductive Status of Native American Women," May 10, 1990, box 18, folder 9: "Native Women's Reproductive Rights Coalition Conferences, Empowerment through Dialogue, 16-18 May 1990," NAWHERCR, SSC. See also Jeffrey Ian Ross, *American Indians at Risk* (Santa Barbara, CA: ABC-CLIO, 2014).
[90] Indigenous Women's Health Book, 5.
[91] Rife and Dellapenna, *Caring and Curing*.

women.[92] Among Plains tribes, older women traditionally delivered children, then mentored girls through puberty and into adulthood. When those older women grew too old to care for themselves, the children they had delivered and mentored took care of them. When the IHS took over healthcare on reservations in the mid-twentieth century, elderly women were pushed out of their role as midwives and threatened with legal penalties if they failed to comply.[93] In many Native American communities during this time, there was a push to reestablish traditional midwifery.[94]

Asetoyer wanted to "get serious" about FAS and the issues connected to it. She honed in on this particular issue because of its prevalence on her reservation and because the IHS was doing so little to combat it. Asetoyer believed that this issue was "devastating" Native American communities even though it was "entirely preventable."[95] She believed that the IHS, which did not consider FAS a priority, often "wrote off" women who were chemically dependent.[96] In the 1980s, the federal government reduced funding for the IHS.[97] Because of their limited budget, the IHS prioritized crisis-response

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[92] See Gurr, *Reproductive Justice.*
[93] Charon Astetoyer, interview by Larry Greenfield, September 29, 1997; Gurr, *Reproductive Justice.*
[94] Gurr, *Reproductive Justice.*
[95] Sara M., "Heroes & Heroines," *Mother Jones,* January 1990, box 1, folder 2: "News Clippings, 1988-1991, n.d.," NAWHERCR, SSC. Native American men and women had rates of alcoholism higher than any other ethnic group in the U.S. Many scholars and activists contend that alcoholism was the result of what feminist theoriest M. Annette Jaimes called "colonially induced despair," a feeling of both individual and collective hopelessness as a result of European colonization. See Silliman, *Undivided Rights,* 145-147; M. Annette Jaimes, *The State of Native America: Genocide, Colonization, and Resistance* (Boston: South End Press, 1992).
[96] Asetoyer interview, VOFOHP, 28; Astetoyer, Cronk, Hewakapuge, *Indigenous Women's Health Book,* 108.
[97] Charon Asetoyer, "Native American Health Center," *Morena Women's Press*, May, 1988, box 1, folder 2, "News Clippings, 1988-1991, n.d.," NAWHERCR, SSC.

rather than preventative care.[98] Instead of helping women deal with the root causes of alcohol abuse, the IHS found short-term solutions. For example, many IHS doctors injected chemically dependent women with Depo-Provera (a long-lasting hormonal contraceptive), even if the women were not good candidates for the drug.[99] Seeing these needs in the community, Asetoyer wrote a proposal for a "Women and Children and Alcohol" program for the NACB and operated it briefly out of her basement.[100]

Asetoyer also believed that it was impossible to confront FAS in a vacuum without tackling all of the related health and education issues indigenous mothers faced; she wanted a place where women could work on all of these problems together. If the IHS was not going to confront the root causes, women would have to "take the initiative" themselves and practice self-help methods of treatment and prevention. "The responsibility of protecting and providing for our nation falls right into our hands, as grandmothers, mothers, aunties, and sisters," she said.[101] She began to think about buying a small house on the reservation and opening a self-help based center to address local women's health issues. Asetoyer thought a house made the most sense as a facility

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[98] Sue Ivey, "Center Gives Women, Children Health Aid," *Yankton Daily Press,* May 18, 1988, box 1, folder 2, "News Clippings, 1988-1991, n.d.," NAWHERCR, SSC.
[99] Asetoyer interview, VOFOHP, 34; Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (Chicago: Chicago Press, 2010).
[100] Although she identified as a feminist, Asetoyer thought that organizations like NOW did not accurately reflect the diversity of women in the movement, and so she did not formally join such groups. Native American Community Board, "Native American Women's Health Education Resource Center," box 19, folder 2: "Brochures and Fact Sheets, Brochures and Fact Sheets, General, n.d.," NAWHERCR, SSC.; Asetoyer interview, VOFOHP, 28; Charon Astetoyer, interview by Larry Greenfield, September 29, 1997.
[101] Sara M., "Heroes & Heroines," *Mother Jones,* January 1990, box 1, folder 2: "News Clippings, 1988-1991, n.d.," NAWHERCR, SSC.

because it would come equipped with a kitchen for nutrition classes and a yard for children to play in.[102]

Though the impetus to create a self-help based center came from local concerns, Asetoyer's connections to a wider network of women's health and self-help activists influenced her as well. As she thought about opening a center, Asetoyer began attending health conferences and meetings and soon met other influential members of the women's health and self-help movements. In the mid-1980s, she met Byllye Avery through a mutual friend and visited the NBWHP house in Atlanta. Asetoyer was impressed with the house because it was both functional and comfortable.[103] In 1988, she also joined the board of the NWHN and attended a national conference, where she met National Latina Health Organization founder Luz Martinez.[104] Martinez and the NLHO had been working on developing self-help based program for Latinas since 1986. Asetoyer told Martinez about her idea for a Native American women's center. Martinez loved the idea and encouraged her to reach out to other women at the conference for monetary support. "Go for it," she told her. "I won't let you leave until you let these women know. They can help. They believe in helping women!" When Asetoyer made an announcement about the house at lunch, Avery was the first to take out her checkbook. Word spread around the conference about Asetoyer's idea, and before it ended, she had collected over two thousand dollars toward the house. That same year, Asetoyer and the NACB opened the

[102] Asetoyer interview, VOFOHP, 28
[103] Hart, "Building a More Inclusive Women's Health Movement," 200.
[104] The NLHO was a self-help based organization for Latina women that also began in the 1980s. They used a version of psychological self-help that was very similar to the NBWHP's to address community concerns such as violence.

Native American Women's Health Education Resource Center, the first of its kind to open on a reservation.[105]

NAWHERC's Self-help Philosophy and Practice

Self-help was at the core of all of NAWHERC's early efforts. As their mission statement read, NAWHERC was founded "based on a self-help philosophy, promoting individual and group involvement in the betterment of our lives as Native Americans"[106] Scholars have largely overlooked NAWHERC's self-help philosophy and a few have argued that they did not practice self-help at all. In fact, the Center developed a hybrid mix of self-help activities. NAWHERC employed elements of gynecological self-help, psychological self-help, and 12-step self-help programs that had developed outside of the women's health movement (like Alcoholics Anonymous), as well as traditional Native American processes.[107]

For NAWHERC, self-help involved demystifying mainstream healthcare while leaving room for culturally appropriate, traditional, woman-controlled methods as well. In particular, they often argued that it was crucial for indigenous people to be able to practice healthcare that aligned with their spirituality, and they focused on "retrieving,

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[105] Native American Community Board, "Native American Women's Health Education Resource Center," *Wicozanni Wowapi: Good Health Newsletter*, Spring/Summer 1988, box 19, folder 25: "*Wicozanni Wowapi Good Health Newsletter"* NAWHERCR, SSC.
[106] Hart, *Building a More Inclusive Movement,* 205.
[107] NAWHERC works on local, regional, national, and international levels. In addition to the direct services on the Yankton Sioux Reservation, it also gathers information and provides referrals for indigenous women who live an area the Bureau of Indian Affairs defined as the "Aberdeen" or "Plains" area (North Dakota, South Dakota, Iowa, and Nebraska). Meanwhile, its leaders often participate in national and international efforts to improve the overall health of indigenous women. See Silliman, *Undivided Rights*, 144.
Sara M., "Heroes & Heroines," *Mother Jones,* January 1990, box 1, folder 2: "News Clippings, 1988-1991, n.d.," NAWHERCR, SSC.

nurturing, and affirming Native culture and spirituality."[108] NAWHERC believed in using self-help to address issues at their roots. They developed a variety of self-help programs to help women tackle FAS at its source and to help children already suffering from the condition. Understanding the need to address these issues holistically, the Center quickly expanded its focus to issues related to alcoholism and FAS, including reproductive justice and diabetes, and brought other services to the reservation, all based on a self-help philosophy. Their goal was to create a place for women to "organize around issues of concern, social change, and consciousness raising activities."[109]

Asetoyer was familiar with the NBWHP's "process," but thought that for psychological self-help to work for Native American women, it needed a spiritual and ceremonial component. She believed the process did not go far enough to promote healing. "It's like opening up that Pandora's box and letting the floodgate open," she said. She saw the NBWHP's psychological self-help as "kind of like a band-aid" that just hid a wound and did not encourage it to heal.[110]

NAWHERC developed a version of psychological self-help modeled on a traditional process used by a variety of Native American groups. They called this process "talking circles" or "roundtables" and used it as a way for women to dialogue about their health issues. Many indigenous groups practiced talking circles as a traditional method of support and healing on a regular basis. For example, a group of indigenous people near

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[108] Silliman, *Undivided Rights,* 145.
[109] Native American Community Board, "Native American Women's Health Education Resource Center," box 19, folder 2: "Brochures and Fact Sheets, Brochures and Fact Sheets, General, n.d.," NAWHERCR, SSC.
[110] Asetoyer VOFOHP interview, 65; Silliman et al., *Undivided Rights*, 148-149.

Houston, Texas had long used talking circles as a method of substance abuse support. They followed many of the same principles as AA but incorporated traditional food, music, and storytelling. Some groups used a "talking feather" or "talking stick" to pass around the circle. Only the person holding the feather could speak, and others were expected focus on the speaker.[111] In NAWHERC roundtables, women expressed their feelings, practiced traditional rituals, and shared knowledge of traditional health remedies.[112] The idea was that participants could talk through their problems, educate themselves about them, and find solutions that work for them. In NAWHERC roundtables, women talked about issues ranging from domestic violence and rape to drug and alcohol abuse. They put these issues in the context of internalized oppression while simultaneously connecting their healing to a spiritual element. Talking circles included opportunities for women to say "thank you to the creator." This "holistic" process integrated mental, physical, and spiritual healing.[113] The roundtable format, much like other self-help group formats, emphasized that "all community members are experts through their life experiences and have the necessary information and solutions to address their concerns." In a roundtable, participants also shared their knowledge of traditional healing methods. Often, at the end of a roundtable, the participants worked together to come up with as a solution to individual or community problems.[114]

NAWHERC roundtables also often had an outward activist component. They frequently published reports of the roundtable and made them available to the public.

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[111] Asetoyer interview, VOFOHP, Alf H. Walle, *Recovery the Native Way*.
[112] Silliman et al., *Undivided Rights*, 148-149.
[113] Asetoyer VOFOHP interview, around 60-5ish; Silliman et al., *Undivided Rights*, 148-149.
[114] Silliman, *Undivided Rights*, 148.

Sometimes the goal was to disseminate information, and sometimes it was to put pressure on the IHS to change its policies. Just as gynecological self-help activists raided, picketed, and sought media attention when mainstream medical providers did not live up to their standards, NAWHERC publicized their criticisms of the IHS.[115]

NAWHERC hired a full-time employee whose primary duties revolved around developing self-help activities to prevent FAS. She set up and monitored self-help groups, where women talked about alcoholism and health. The center offered Alcoholics Anonymous groups alongside self-help groups that focused on demystifying alcoholism and FAS. Because they believed that alcohol abuse was often related to employment and personal relationships, NAWHERC offered self-help groups for women experiencing domestic abuse and skill-building classes for both adults and children, especially around computer education.[116]

NAWHERC also offered literature on alcoholism and FAS, encouraging women to learn about these conditions and take action for themselves. They developed literature that was both lay-friendly (not laden with medical jargon) and relevant to indigenous

[115] NAWHERC reports that they have influenced changes to federal policies around issues such as informed consent and patient confidentiality. Silliman, *Undivided Rights*, 150-151; NAWHERC, "Indigenous Women's Dialogue: Roundtable Report on the Accessibility of Plan B as an Over the Counter (OTC) Within Indian Health Service," Feburary, 2012, http://www.nativeshop.org/images/stories/media/pdfs/Plan-B-Report.pdf.

[116] Native American Community Board, "Native American Women's Health Education Resource Center," box 1, folder 1: "General, 1988-2006, n.d.;" NAWHERCR, SSC; NAWHERC, "Administrative Associate," box 3, folder 16: "Job Descriptions, 1993, n.d.," NAWHERCR, SSC.

women. For example, much of their literature encouraged young people to look to their elders as a source of knowledge.[117]

NAWHERC believed that FAS was a reproductive justice issue for two reasons. First, they argued that women had a right to prenatal programs that addressed chemical dependency. Even though they suffered from high rates of alcoholism, most indigenous women, including those on the Yankton Sioux Reservation, did not have access to such programs.[118] Second, NAWHERC saw FAS as a reproductive justice concern because the IHS tended to use coercive measures to prevent it (such as prescribing Depo-Provera, even women had contraindications). Indigenous women understood these practices as part of a long history of reproductive abuse at the hands of the federal government.[119]

A great deal of NAWHERC's self-help philosophy revolved around demystification. In order to confront FAS in the context of reproductive justice, NAWHERC believed it was important to both help women understand their own bodies

[117] NAWHERC also developed literature on a variety of other issues. In 1988, NAWHERC began developing "culturally specific materials" to address nutrition. Because poverty is so pervasive on reservations, Native Americans often had very poor diets. The goal was to This project encouraged participants to learn about nutrition and about the effects of poor nutrition so that they could take an active role in preventing conditions like diabetes and high blood pressure. It also emphasized alternative and traditional indigenous healthcare. In developing literature on nutrition, NAWHERC highlighted foods that Native Americans would have included in their diet before European colonization. Native American Community Board, "Native American Women's Health Education Resource Center," box 19, folder 2: "Brochures and Fact Sheets, Brochures and Fact Sheets, General, n.d.," NAWHERCR, SSC; Silliman, *Undivided Rights,* 153; Native American Community Board, Press Release, box 1, folder 1: "General, 1988-2006, n.d.;" NAWHERCR, SSC; Astetoyer, Cronk, Hewakapuge, *Indigenous Women's Health Book,* 177.

[118] Native Women for Reproductive Justice, *Reproductive Justice Agenda,* accessed January 15, 2016, https://www.law.berkeley.edu/php-programs/centers/crrj/zotero/loadfile.php?entity_key=DJ82Z2IF.

[119] Later, in the 1990s, the IHS began using a long-acting implant called Norplant for the same purpose. See Nelson, *More Than Medicine,* 205.

and simultaneously expose the IHS's failings.[120] To demystify reproductive care and women's bodies, they published pamphlets such as "A Girl's Guide to Menstruation," "A Young Woman's Guide to Pap Smears," and "Know the Facts About Menstruation and Hormone Replacement Therapy." NAWHERC also held seminars on aspects of reproductive health ranging from teenage pregnancy and AIDS to "the socioeconomics of single parenting." Meanwhile, they worked to document and publicize the IHS's violations of Native women's rights, especially around gynecology and reproduction. NAWHERC believed that in addition to using coercive measures to prevent chemically dependent women from having children, the IHS frequently failed to provide Native women with sufficient information about the services, devices, and drugs they provided, particularly birth control. The idea was that if women understood their own bodies and were aware of IHS practices, they could make informed choices about their own healthcare.[121]

NAWHERC quickly turned its focus beyond the Yankton Sioux Reservation, and in 1990, they helped organize the "Empowerment through Dialogue: Native American Women and Reproductive Rights" conference at Pierre, South Dakota, a gathering that emphasized self-help solutions to reproductive health problems. Women representing eleven tribes in North and South Dakota met to talk about traditional Native American methods of abortion and childbirth rituals, many of which had been disrupted by colonialism and forced assimilation. Such methods closely resembled self-help abortion

[120] Asetoyer interview, VOFOHP, 39
[121] Native American Community Board, "Native American Women's Health Education Resource Center," box 19, folder 2: "Brochures and Fact Sheets, Brochures and Fact Sheets, General, n.d.," NAWHERCR, SSC.

and childbirth in the late twentieth century because they were woman-controlled. Many conference attendees advocated a return to these methods as a way for indigenous women to regain control over their reproduction. Attendees also discussed the poor state of prenatal care on reservations. NAWHERC asked a group of women from a woman-controlled clinic to demonstrate self-exam at the conference. Asetoyer recalled that the young women in particular were especially eager to try self-exam and that they quickly connected this skill with increased control and ownership over their bodies.[122]

NAWHERC staff saw that many women who abused alcohol or had partners who abused alcohol were in violent relationships. The staff believed that in order for these women to help themselves, women would have to remove themselves from such relationships. In 1991, NAWHERC opened the Women's Lodge, a shelter to house Native women and children who were survivors of domestic violence and help the women find jobs, medical referrals, and support groups.[123]

Because alcoholism often correlated with diabetes, in 1991, NAWHERC created self-help groups for the reservation's diabetic population. NAWHERC developed small self-help groups where six or fewer participants came together to learn skills to manage the disease in order to reduce the secondary complications of diabetes (such as blindness and heart disease). Each group met for ten one-hour sessions over a period of five weeks. They focused on building skills such as reading blood glucose (or blood sugar) levels,

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[122] Asetoyer interview, VOFOHP, 57; Donna Haukaas "Empowerment Through Dialogue: Native American Women Hold Historic Meeting," box 18, folder 9: "Native Women's Reproductive Rights Coalition Conferences, Empowerment through Dialogue, 16-18 May 1990," NAWHERCR, SSC.

[123] Native American Community Board, "Services," accessed December 1, 2015 http://nativeshop.org/programs-and-services.html#shelter.

maintaining weight charts, and stress management, as well as developing exercise and nutrition habits. They also helped participants build knowledge about the connection between diabetes and alcohol. To determine how well self-help methods were helping these groups, NAWHERC conducted a study of the participants' blood sugar levels. Individuals with diabetes have higher than average blood sugar levels. NAWHERC found that when compared to a control group who did not participate in self-help groups, participants drastically decreased their blood sugar level. They also found that as much as a year after the study, participants continued to monitor their own levels and consistently maintain lower blood sugar. As with groups that dealt with FAS, NAWHERC saw these groups as filling a void that the IHS left open. They argued that the IHS had failed "to empower these people with successful diabetes management skills."[124]

In the 1980s and 1990s, as African American and indigenous women searched for ways to end the "conspiracy of silence" surrounding their health struggles, some developed self-help practices to address issues most salient in their communities. Because neither mainstream medical institutions nor the IHS dealt with health concerns such as hypertension, diabetes, or fetal alcohol syndrome at their roots, the NBWHP and NAWHERC used a holistic approach to self-help in order to address such issues. Just as gynecological self-help activists focused on "well-women," these groups focused on prevention.

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[124] Sonya Shin and Charon Asetoyer, "The Positive Impact of Community Based Self-help Education Among the Native American Diabetic Population of the Yankton Sioux Reservation," 1991, box 14, folder 10: "'The Positive Impact of Community Based Self-help Education…' by Sonya Shin and Charon Asetoyer, 1991," NAWHERCR, SSC.

The NBWHP developed psychological self-help as a way to dialogue about the unique health issues their members faced. They used psychological self-help to help them work together at an organizational level and to encourage local groups of women around the nation to take charge of their own health and the health of their communities. Instead of encouraging women to seek standard, institutional healthcare provision, NBWHP self-help advocates encouraged members to determine what issues were "on top" for them and use self-help to alleviate their struggles.

Meanwhile, responding to the gaps in the IHS's healthcare provision, NAWHERC developed a holistic approach to self-help to confront alcoholism, fetal alcohol syndrome, and related issues on a South Dakota reservation. This organization employed elements of psychological, gynecological, and 12-step self-help to encourage its members to deal with these issues. They encouraged women to merge traditional Native American traditions with modern Western methods of care and to incorporate spirituality into their self-help practices.

Because of their attention to holistic health, the NBWHP and NAWHERC broadened the focus of the self-help movement to include issues well beyond gynecology. In doing so, they fundamentally reshaped the movement. Responses from the broader self-help movement were mixed. On one hand, many individual self-help activists, including women of color, indigenous women, and white women, turned their attention to issues beyond gynecology. On the other hand, as chapter five will show, in the late 1980s and early 1990s, some (mostly white) self-help activists refocused their

attention to self-help methods of abortion, believing strongly that this was the key to liberation for all women.

CHAPTER VI

SELF-HELP ON TOUR

> Twenty years ago, saying we were going to do our own abortions was like saying we were going to build our own nuclear bombs. Today, we know we can do it ourselves. – Carol Downer[1]

In spite of the growing parameters of the self-help movement in the 1980s, abortion remained a central focus for many self-help activists, especially middle-class white women. This was particularly evident in the changing and growing activism surrounding menstrual extraction. In the late 1980s and early 1990s, because of increased antiabortion activism and new legislation, women around the nation began to fear that abortions in clinics and hospitals might soon become unavailable. Some self-help activists, led by the Federation of Feminist Women's Health Centers, responded by endorsing menstrual extraction as a self-help method of abortion. Their advocacy was conspicuously different from early 1970s rhetoric, which carefully avoided designating menstrual extraction as an abortion technique. The self-help activists of the 1980s and 1990s felt it was not only vital to master menstrual extraction as an abortion method but also to publicly promote it as such.

This exploration of self-help activists' promotion and practice of menstrual extraction in the late 1980s and early 1990s complicates most scholarly accounts of the women's health movement, which associate the practice of menstrual extraction with the

[1] "After *Roe v. Wade*," clippings from Rebecca Chalker's personal papers.

years before *Roe v. Wade*. After 1973, these studies suggest, menstrual extraction fell out of favor, replaced by methods of abortion performed by doctors.[1] In fact, from 1973 through the late 1980s, even as they explored other uses for self-help, women in "advanced" groups around the U.S. continued to practice the technique and disseminate information about it. Typically, they flew under the radar, attracting little attention from the mainstream media (except for one case in 1978 discussed in this chapter). The situation changed in 1988, a moment when anti-abortion protest groups increasingly tried to restrict women's access to abortion clinics and new laws challenged and chipped away at *Roe*. In response, feminist health activists introduced menstrual extraction to wider audiences and presented this technique explicitly as a method of pregnancy termination – what they called "early abortion." Many activists publicized the history of women attempting illegal abortion pre-*Roe*, using these stories to try to convince politicians and the public to advocate for policies that would keep abortion safe and legal. While touring the country, seeking media attention, and publishing information on menstrual extraction, they emphasized that making abortion illegal would not make it go away.[2]

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[2] Michelle Murphy, "Immodest Witnessing: The Epistemology of Vaginal Self-Examination in the U.S. Feminist Self-help Movement," *Feminist Studies* 30 (spring 2004): 119-123; Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (Chicago: Chicago Press, 2010); Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press, 2002).
[2] Denise Copelton, a scholar of sociology, has written the most extensive exploration of post-*Roe* menstrual extraction to date. She argues that feminist self-help persists even today, especially in the form of menstrual extraction, and closely examines a twentieth century self-help group. See Copelton, "Menstrual Extraction, Abortion, and the Political Context of Feminist Self-Help," *Advances in Gender Research,* 8 (2002): 129-164. Michelle Murphy's *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience* (Duke University Press, Durham, 2012), 10, 173 also explores the self-help movement and menstrual extraction, comparing this method of abortion to a similar technique, menstrual regulation.

Self-help activists' embrace of menstrual extraction as an abortion technique offers new insight into the history of the pro-choice movement. A number of scholars have explored the development of reproductive justice movements, especially among women of color in opposition to the 1977 Hyde Amendment, which ended Medicaid coverage for abortions.[3] However, what remains to be explored is what happened in clinics and among self-help activists in the 1980s and 1990s as anti-abortion forces gained strength and abortion became less accessible. The little extant literature suggests that some feminists focused on winning court battles while others adopted a "siege mentality," redirecting their energies toward preserving access to clinics.[4] The revival of menstrual extraction was a proactive strategy used by self-help activists to try to preserve abortion rights in the face of an onslaught of threats from anti-abortion activists and the government.

When Birth Control Fails: How to Abort Ourselves Safely

After the Supreme Court legalized abortion in 1973, some self-help activists, particularly those who belonged to the Federation of Feminist Women's Health Centers, continued to practice menstrual extraction as a way to learn about and control their own bodies in their own self-help groups. They typically did not practice it in woman-

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[3] This law passed in 1976 and went into effect in 1977. "Harris v. McRae," 448 U.S. 297 (1980), U.S. Supreme Court, accessed March 20, 2012, http://laws.findlaw.com/us/448/297.html. See Nelson, *Women of Color and the Reproductive Rights Movement*; Rickie Solinger, *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade* (New York: Routledge, 2000); Jael Silliman, et al., *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge: South End Press, 2004); Johanna Schoenn, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: UNC Press, 2005); Marlene Gerber Fried, *From Abortion to Reproductive Freedom: Transforming a Movement*, (Boston: South End Press, 1990).

[4] Murphy, "Immodest Witnessing," 143.

controlled clinics or promote it as an abortion technique. This changed in 1978, when women's health activist, Barbara Ehrenreich approached the Federation to discuss the plight of a group of women in Chile who were searching for information on self-abortion after experiencing rape in prison.[5] After learning about these women, the Federation funded one of its members, Suzann Gage, to publish a short, forty-eight page book, *When Birth Control Fails: How to Abort Ourselves Safely,* which was a compilation of information on self-abortion methods. While the book included techniques ranging from the use of a bicycle pump to herbal remedies, the centerpiece was menstrual extraction. In addition to sending the information to the Chilean women, the Federation sold the book in at least fifteen countries outside of the U.S. It was particularly popular in New Zealand, where the government had recently increased abortion restrictions—Gage received a "flood of requests" for it from women living there.[6]

Gage's primary goal was to create a book about self-abortion "in visual form so it could be understood by any woman, regardless of what language she spoke." Though the text was in English, in theory, women in the Chilean prison could use the detailed diagrams to perform an abortion when they needed one. Gage also wanted to "create a permanent record of self-abortion methods that have been passed down from woman to woman for centuries." In the event that other women needed to perform self-help

[5] Ibid., 158.
[6] "Self-Abortion Controversy," *Mother Jones,* April, 1981, 8. The Federation acquired an automatic type setter, and volunteers from the clinics typed it themselves. Personal correspondence with Carol Downer, January 5, 2016.

abortions, she recalled, the Federation "wanted to preserve this information for women who had no other options."[7]

Responses from feminist and pro-choice groups varied. Around the U.S., some woman-controlled health centers distributed copies of the book and a number of feminist booksellers added it to their inventories.[8] On the other hand, after the Federation held a press conference to promote the book, a Planned Parenthood representative told the press they were "in no way associated with the book."[9] Meanwhile, a healthworker from a woman-controlled clinic in Europe said that the book was "frightening!" because of its lack of attention to sterilization.[10]

Feminist periodicals paid the most attention to the book. *off our backs* reviewer Fran Moira criticized *When Birth Control Fails* as dangerous and irresponsible, claiming that the abortion techniques that poor women were most likely to choose, the ones that did not require any special equipment, were the most dangerous and "described in vague and misleading terms."[11] Gage replied to the *off our backs* review, calling it a "sarcastic, distorted, sensationalized and at times, fallacious representation of self-abortion under the guise of unbiased reportage and concern for women's safety." She argued that Moira

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[7] They pointed out in the text that it may also prove useful for women in the U.S. after the 1977 Hyde Amendment made it illegal to use federal funds (including Medicaid) for abortions. However, the Federation never promoted the book as a response to Hyde. They always emphasized that the Chilean women were the impetus for writing it. *Free to Choose: A Women's Guide to Reproductive Freedom* (Portland: Eberhardt Press), available http://www.eberhardtpress.org/pdf/freetochoose.pdf.

[8] "Self-Abortion Controversy," 8.

[9] Erika Thorne, "Sustaining the Women's Self-help Movement," *EqualTime*, May 23- June 6, 1990, 9 box 56, folder: "ME Articles," FWHCR, SBC.

[10] Celine, "Failed Abortion Book," *off our backs,* August – September, 1980, 25.

[11] Mecca Rylance and Tacie Dejanikus, "Pro & Anti-choice Dialogue: Coopatation or Cooperation," *off our backs,* March 31, 1979, 4-5, 28.

was clearly opposed to self-help and thus "sexist" in her "condescension towards any woman who has dared to abort herself."[12] Reviewers in *Healthsharing: A Canadian Women's Quarterly* wrote that they believed that there was a "pressing need for a book on self-abortion," but after reading *When Birth Control Fails*, concluded that this was "*not* that book." Because of Gage's attempt to "simplify material for a wide audience," the book was too short and not detailed enough to give women adequate information about their reproductive systems.[13]

This conflict over *When Birth Control Fails* largely mirrored the debates the Federation often had with the wider women's health and feminist movements. The Federation believed that self-help was the key to empowering women, and for them, self-help centered around self-exam and menstrual extraction. Other groups (such as Planned Parenthood and *off our backs*) believed that women did not need to know how to do abortions themselves and that it was more important to focus on keeping abortion legal and accessible. Others suggested that Federation members wanted attention and accolades. Much as the Janes had characterized Downer and Rothman as "stars" seeking admiration in the early 1970s, Moira wrote, "You are so mystified by self-importance,

[12] Suzann Gage, "Speculum Press[es] Points," *off our backs,* August-September, 1980, 24.
[13] Italics in original. The two reviewers were Catherine Edwards and Alison Stirling. Edwards was a member of a collective that produced the feminist journal *Hysteria*, and Stirling worked for Planned Parenthood. Edwards and Stirling, "Reviews: When Birth Control Fails… How to Abort Ourselves Safely," *Healthsharing: A Canadian Women's Health Quarterly,* Winter, 1980, 22. http://www.cwhn.ca/sites/default/files/PDF/Healthsharing/1980_Healthsharing_Vol_2_No_1_Winter.pdf

you cannot countenance, much less understand criticism of your book." Another *oob* reviewer used similar language, "Garder vos stars au frais! [*Keep your stars on ice!*]" [14]

Though *When Birth Control Fails* was a small-scale effort to promote menstrual extraction as an abortion technique, this incident was significant for three reasons. First, it demonstrated that the Federation was willing to promote menstrual extraction as a self-help abortion method when they believed women could not access safe and legal abortions. Second, this incident made it clear how the media, pro-choice organizations, and feminist groups would respond to the Federation's efforts. Finally, *When Birth Control Fails* illuminates continuity within the self-help movement. The self-help movement happened largely as a response to women's lack of access to safe and legal abortions. Even as the movement expanded to address conception, contraception, and menopause, fetal alcohol syndrome, and mental health, abortion still remained a central element of women's liberation for many self-help activists.

Clinics Under Siege

The 1980s were trying years for anyone working in an abortion-providing facility. Beginning in the mid-1980s, violent incidents aimed at abortion providers in clinics and hospitals took a huge upswing.[15] During this time, a conservative backlash against the

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[14] Celine, "Failed Abortion Book," 25.

[15] Violent incidents aimed at abortion providers were few and far between in the years immediately following *Roe*. See Joffe *Dispatches from the Abortion Wars,* 49; Carole Joffe, *Doctors of Conscience*: *The Struggle to Provide Abortion Before and After Roe v. Wade* (Beacon Press: Boston, 1995), 5. The National Abortion Federation (NAF) did not begin tracking incidents of violence and disruption at clinics until 1977. NAF reported 149 total incidents of violence and disruption against abortion and disruption against abortion providers from 1977-1983. (Figures were not available for individual years.) In 1984, they reported 131 incidents. In 1985, they reported 149, and in 1986, 133. These were the peak years, and nothing higher than 72 was reported after that for the remainder of the 1980s. Picketing and harassment continued,

progressive advances of the 1960s and 1970s blossomed, and many members of the "New Right" organized against abortion rights. Picketers began to harass clinic and hospital clients when they suspected they were entering a facility to obtain an abortion. These women and their friends and families endured taunts, jeers, shouting, physical abuse, and other forms of harassment. Some had to deal with "sidewalk counseling," when anti-abortion activists approached women entering clinics and tried to personally persuade them not to terminate their pregnancies.

Clinic workers devoted a great deal of time and energy to dealing with protestors and harassed clients. Working with community members, they arranged escort and shuttle services to help women from their cars into the facility.[16] Many clinics became involved in long-lasting legal battles.[17] At some clinics, staff focused on chronicling the daily activities of the protestors in case these accounts were needed in court.[18]

The decision to revive menstrual extraction and promote it as an early abortion procedure in the 1980s was largely a product of the clashes between anti-abortion forces and the clinics they terrorized. The "antis" pushed the woman-controlled clinics to the point that they felt they had to do something to reclaim abortion. Some clients linked

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however, especially after Operation Rescue was founded. See National Abortion Federation to NAF Affiliates, "Incidents of Violence & Disruption Against Abortion Providers," box 56, folder: Clinic Violence- NAF (1990), FWHCR, SBC; Press Release "Violence Against U.S. Abortion Clinics Intensifies," September 14, 1990, box 56, folder: Clinic Violence- NAF (1990), FWHCR, SBC.

[16] Lynne Randall, "Executive Director's Report for 1985," box 7, folder, "Administrative Files General, FWHC Executive Summary, FWHCR, SBC.

[17] Focusing on threats often meant that the clinic leaders and their staff did not have time to pursue their plans to expand the provision of women's health care to include services such as donor insemination. Lynne Randall, "Executive Director's Report for 1985."

[18] "Sequence of Anti-Abortion Activity Feminist Women's Health Center, Atlanta, Georgia," July 19, 1985- January 12, 1986, box 52, folder: "Anti Activity Chronology 1985," FWHCR, SBC.

their decision to learn menstrual extraction to the harassment they experienced at the hands of protestors. One woman told the *Atlanta Journal-Constitution* that she chose to learn the technique after Operation Rescue demonstrators "prayed for me to die, spit on me, and stepped on me."[19]

Threats to abortion rights came not only from clinic protestors but also from the Supreme Court. In 1977, the Hyde Amendment had eliminated federal funds for abortion except in cases of rape or incest, thus severely restricting low-income women's access to the procedure.[20] Over a decade later, in *Webster vs. Reproductive Services,* the Court determined that the state had no obligation to provide public facilities in which abortions could be performed. In *Webster,* the Court also upheld a Missouri law requiring doctors to perform viability tests on any fetus the doctor judged to be twenty or more weeks of age, a radical departure from the precedent set by *Roe,* which mandated that the state could only regulate abortion in the second trimester to ensure the health of the mother.[21] When Justice Antonin Scalia stated that he would "reconsider and explicitly overrule *Roe v. Wade*," Justice Blackmun, *Roe's* original author, wrote, "a chill wind blows," for those who support abortion rights. Calling the verdict "devastating," Downer maintained, "The

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[19] Jan Gehorsam, "In the Hands of Women," *The Atlanta Journal-Constitution*, January 7, 1992, D/1. Operation Rescue, founded in the mid-1980s by Randall Terry, was an extremist group of protestors, who targeted clinics, as well as abortion providers and their families. Today, this group has splintered into those who follow Terry and those who disapprove of his tactics, instead following the group's new leader, Troy Newman. See "Operation Rescue," http://www.operationrescue.org/about-us/history/ (accessed June 3, 2012).

[20] Melody Rose, *Safe, Legal, and Unavailable? Abortion Politics in the United States* (Washington, D.C.: CQ Press, 2007), 109-110.

[21] "Webster vs. Reproductive Health Services," 492 U.S. 490 (1989), U.S. Supreme Court, Find Law, http://laws.findlaw.com/us/492/490.html, (accessed March 22, 2012); "Roe v. Wade," Legal Information Institute, http://www.law.cornell.edu/supct/html/historics/USSC_CR_0410_0113_ZS.html, (accessed March 21, 2012).

ruling made it crystal clear to pro-choice supporters that women [could] no longer look to the Supreme Court to protect our must fundamental freedom, the right to choose abortion."[22]

The final impetus for feminists' embrace of menstrual extraction as an abortion technique in the late 1980s was the tightening of state laws regulating abortion. Under a controversial law in Pennsylvania, the 1989 Abortion Control Act, women considering abortion had to receive state-mandated information about abortion and state-authored information about fetal development. The act also required that a woman undergo a twenty-four hour waiting period between consenting to an abortion and having one. Additionally, minors were required to inform at least one parent or guardian that they were having an abortion, although a judicial waiver could remove this requirement. Finally, physicians performing abortions had to turn in annual statistics reports to the state, which included the names of their patients. The Supreme Court would not test this law until 1992 in *Planned Parenthood of Southeastern P.A. v. Casey* (when they upheld most of its components), but in the late 1980s, it was on the radar of many reproductive healthcare providers, who viewed it as yet another threat to abortion rights.[23]

No Going Back

In 1989, the Federation produced *No Going Back: A Pro-choice Perspective*, a video designed to spread the word about menstrual extraction, demonstrate self-exam, and educate women about their reproductive choices. Janet Callum of the Atlanta FWHC

[22] Feminist Women's Health Center Newsletter, Spring 1990, "Self Help Abortion Video Fights Back," box 57, folder: "Newsletter- Spring 1990," FWHCR, SBC.
[23] Federation of Feminist Women's Health Centers, "Protect Your Right to a Safe Abortion- Support the 1990 Self-Help Tour" Flyer, box 61, folder: "SH Tour," FWHCR, SBC.

explained to one interested party, "With many state legislatures moving to place restrictions on abortion, there has been a resurgence of interest in this self help [*sic*] technique." Although the Federation stated on several occasions that it was not meant as a "how to" video, *No Going Back* contained three minutes of a live menstrual extraction. The film also included footage of a self-help group explaining the procedure.[24] Other parts of the video featured anti-abortion protestors outside of clinics. By juxtaposing footage of "antis" with footage of a menstrual extraction, the Federation made explicit the usefulness of the technique as an abortion procedure and clearly advocated menstrual extraction as a way to circumvent threats to abortion.[25] As one *Washington Post* article stated, "No step-by-step instructions are included, but anybody watching the video gathers quickly that if legal abortion were prohibited, step-by-step instructions would not be hard to come by."[26]

In reviving menstrual extraction, the Federation also sought to let the government and the American public know that an abortion technique would still be available to women if the government made medical abortions illegal. In a clear break from their pre-*Roe* rhetoric, self-help activists explicitly named menstrual extraction as an abortion procedure. One member of the Federation emphasized the film's dual purpose to the press: "It was designed to let the Supreme Court know that there are a certain number of

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[24] Carol Downer to Pro-Choice Supporters [who ordered *No Going Back,*] box 61, folder: "SH Tour," FWHCR, SBC.
[25] Federation of Feminist Women's Health Centers, *No Going Back: A Pro-choice Perspective,* VHS, directed by Carol Downer (Los Angeles, CA, 1989).
[26] Cynthia Gorney, "The Grandmother and the Abortion Kit: On the Feminist Fringe, an Alarming Tactic," *The Washington Post,* October 4, 1989, box 56, folder: "ME Articles," FWHCR, SBC.

women in society who have access to the technique of early abortion, and who are going to teach other women that technique."[27]

In response to the escalating restrictions on abortion access, the Federation distributed hundreds of copies of *No Going Back.* Distributing the video proved to be a balancing act for the Federation. On one hand, they believed menstrual extraction was not a procedure to be entered into lightly. Since the early 1970s, menstrual extraction practitioners had argued that women should *only* use this technique in an advanced self-help group with other women they trusted and knew well. Self-help activists believed that to simply give women a video with instructions on how to do menstrual extraction was irresponsible. However, they also felt that it was imperative that they spread the message about menstrual extraction to as many women as possible. They advocated demonstrating the procedure in a welcoming, helpful environment with friends as the next best thing to providing safe and legal abortions in a feminist clinic setting. The group sold over 450 videos to individual women, clinics, and women's organizations and gave away a few as complimentary copies. The goal was to give presentations to accompany as many of the videos as possible.[28]

If spreading the word that the Federation was teaching menstrual extraction was as important as actually teaching it, then the Federation achieved their goal. The Federation sent forty-six copies of *No Going Back* to the media and major news outlets including *The New York Times*, *The Washington Post, USA Today, The Los Angeles*

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[27] Karen Tumulty, "Alternative To Clinics: Feminists Teaching Home Procedure," *Los. Angeles Times*, Monday, August 14, 1989, copy in box 62, folder: ME Coverage (3 of 4), FWHCR, SBC.
[28] L.K. Brown to M.E. Tour Planning Group/Federation of FWHCs, 4 December, 1989, box 61, folder: SH Tour, FWHCR, SBC.

Times, and *Newsweek,* covered the story. Local papers in cities ranging from Atlanta, Cincinnati, Tampa, and St. Louis to Dallas, Salt Lake City, San Diego, Seattle, and Albany described the video, the tour, and the process of menstrual extraction. Stories about menstrual extraction also appeared on national and local television and radio. This publicity was a major victory for the Federation. In fact, it became nearly a full-time job to handle the storm of media attention that the tour inspired.[29] In 1989, the Federation hired a media coordinator, Laura Brown (Carol Downer's daughter) to maximize the press attention the plans for the tour were receiving.[30] The *Dallas Morning News* noted that the motivations behind menstrual extraction were both practical and political, quoting Cynthia Pearson of the National Woman's Health Network: "Supporters want women, especially the poor, to be able to obtain abortions if the procedure becomes illegal. Menstrual extraction is intended to symbolize for state legislators—in whose hands the decision remains—how desperate the situation has become."[31]

The Federation was careful to articulate to the media that keeping abortion legal was their main goal and that they were teaching menstrual extraction as an alternative in case the option of abortion in a clinic setting became unavailable, either because a woman could not afford that option, or because it became illegal. The *Los Angeles Times* quoted Downer, who said it was "a safety net, not a first choice weapon in the abortion battle." The women emphasized to the press that they were doing the tour to prepare for

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[29] Ibid.
[30] Morgen, *Into Our Own Hands,* 103; L.K. Brown to FFWHC Press Committee 10 November, 1989, box 61, folder: SH Tour, FWHCR, SBC.
[31] "Menstrual Extraction: Is it Another Question of Choice?" *Dallas Morning News*, July 20, 1989, 12C, copy in box 62, folder: ME Coverage (3 of 4), FWHCR, SBC.

doomsday. "It's the old Girl Scout's adage," Lynne Randall of the Atlanta FWHC said to an *Atlanta Journal-Constitution* reporter, "Be prepared." She compared menstrual extraction to CPR, saying it was a skill you learn but hope you never have to use. Claiming menstrual extraction was a last resort contrasted sharply with self-help activists' earlier stance that the procedure's primary purpose was as a technique that women could use regularly to control their periods.[32]

In 1989, Federation members began traveling to spread the word about menstrual extraction and show *No Going Back* to audiences of women around the country.[33] For example, in April 1990, Janet Callum of the Atlanta FWHC and Deborah Fleming, the former Executive Director of Womancare, a woman-controlled clinic in San Diego, went on tour and facilitated five sessions across the Midwest.[34] Their first stop was the Center for Choice II, a women-controlled clinic in Toledo, Ohio.[35] Antiabortion terrorists had burned down the original Center for Choice clinic in 1986, and Callum and Fleming found women in Toledo keen to learn about menstrual extraction and share their stories of harassment. Carol Dunn, who hosted Callum and Fleming, told the media that the women at her clinic "felt a sense of empowerment" learning menstrual extraction,

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[32] Kim Painter and Dennis Kelly, "Calling a Halt to Home Abortion Kits," *USA Today,* August 15, 1989, 1D.
[33] Carol Downer to Richard Steele, Harry and Grace Steele Foundation, box 61, folder: SH Tour, FWHCR, SBC; Deborah Fleming and Janet Callum, "Self Help/ME Tour Midwest," 21-29 April 1990," box 61, folder: Tour (ME), FWHCR, SBC.
[34] Rina Berkhout to Ami Hofwomy and Chris Marzicano, April 4, 1990, box 61, folder: "SH Tour," FWHCR, SBC.
[35] Fleming and Callum, "Self-help/ME Tour Midwest."

because it was a woman-controlled abortion method that was not restricted by laws or social policies.[36]

Although self-help activists maintained publicly that menstrual extraction could help low-income women having trouble accessing a safe and legal abortion in a clinic or hospital, they did not focus on teaching the technique to low-income women. They demonstrated the procedure in places where they had contacts who could cover the cost of travel and lodging and help publicize their efforts. Most of these contacts were middle and upper-class white women with a history of pro-choice activism.[37] After Toledo, Callum and Fleming travelled to Cleveland, Ohio, where the local chapter of Refuse and Resist, a human-rights activist group involved in defending abortion clinics against anti-abortion protestors hosted them.[38] Next, they visited the Women's Studies department at Wooster College, a small, private, Presbyterian-affiliated liberal arts school in Ohio. From there, they moved on to Chicago. Their final stop was Minneapolis where they met with young anarchist women from the group, Tornado Warning. This group generated significant interest and publicity, resulting in the activists conducting two public sessions and two self-help sessions.[39]

Even though some stops on the spring 1990 tour drew much smaller numbers of people than the Federation hoped, its success lay in the media attention that it generated.

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[36] Jodi Duckett, "At Home Abortion High Risk- Women Unite To Sidestep Restrictions," *The Times Union*, August 18, 1992, C1.
[37] In one memo, a member of the tour planning committee noted that some of their contacts may have described themselves as poor, but the committee did not see them that way. L.K. Brown to M.E. Tour Planning Group/Federation of FWHCs.
[38] "Refuse and Resist," last modified September 17, 2008, http://www.refuseandresist.org/, (accessed June 3, 2012).
[39] Fleming and Callum, "Self-help/ME Tour Midwest."

For part of the tour, freelance journalist Ann Japenga, traveled with Callum and Fleming. Although Japenga felt that women would be "too queasy about ME [menstrual extraction] for it to really catch on," and had "no personal burning interest in self help," Federation members seemed to think that an in-depth media perspective on the tour was worth having, even if the journalist had a slightly "squeamish" point of view. When Japenga asked women who watched the video whether they thought they could perform a menstrual extraction if necessary, every woman answered in the affirmative. [40]

Because the legality of menstrual extraction remained somewhat dubious, by showing *No Going Back*, some self-help advocates saw themselves as engaged in acts of potential rebellion. Downer wanted pro-choice supporters to think of showing the film as a political act; to do so "defiantly," in hopes that the Supreme Court would hear that women were already taking action. She wished to "let elected officials know that if necessary, women [were] prepared to commit civil disobedience of such massive proportions that it [would] make the Prohibition era look law-abiding."[41] The purpose was to shout from the rooftops that women were arming themselves with the weapons needed to go underground. In the open letter to feminist and women's health groups inviting them to purchase the video, the Federation wrote, "Won't it be great to have the Supreme Court and state legislators get the news that women are showing this film openly and defiantly in living rooms, rented halls, or at your regularly scheduled meeting?"[42]

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[40] Ibid.
[41] Downer to Pro-Choice Supporters.
[42] Gorney, "The Grandmother and the Abortion Kit."

Throughout the tour, the legality of menstrual extraction remained unclear. Many of the women who learned menstrual extraction on the tour were unwilling to talk to the press about their experiences with the technique because they were unsure whether or not they were breaking the law. Those who did speak to the press often asked that they not be identified or that their names be changed, seeking to protect themselves in the face of the ambiguous legality of the procedure.[43] Some also feared that future laws could make it legal to even share information about self-abortion. Lynn Randall of the Atlanta FWHC told the press, "We rushed these materials out while we can still share abortion information legally."[44]

A Woman's Book of Choices

In 1992, the Federation published a book that highlighted menstrual extraction as an abortion method. *A Woman's Book of Choices: Abortion, Menstrual Extraction, and RU 486* included a wide variety of information about finding an abortion, including several chapters about menstrual extraction. The chapters about menstrual extraction gave detailed information about the procedure. The lead authors on this book were Downer and Federation member Rebecca Chalker.

Chalker and Downer began writing *A Woman's Book of Choices* in 1991 when it seemed like Republican President George H.W. Bush would be reelected and would push to overturn *Roe*. Several hiccups in the editing process delayed publication. By the time it went to press in about a month before the presidential election of 1992, the authors felt

[43] Gehorsam, "In the Hands of Women," D/1; "Women Turn to Self-Help Groups for Abortions, Despite the Risks," C13.
[44] Jill Benderly, "New Videos on Abortion, Breast Cancer, Menopause," *New Directions for Women,* July/August 1989, box 56, folder: "ME Articles," FWHCR, SBC.

fairly certain that Democrat Bill Clinton would win and help keep *Roe* largely intact. Nonetheless, they went to press, believing that the book would still be useful for women who lived in areas where it was difficult to obtain an abortion.

A Woman's Book of Choices began with an overview of the current legal threats to abortion access, including the "Supreme Disasters," *Webster* and *Casey,* and a variety of state laws. Chalker and Downer argued that women would always find ways to have abortions even if it became illegal: "There is simply no way the anti-abortion movement, state legislatures, and the Supreme Court can put the toothpaste back in the tube."[45]

Much like *No Going Back*, *A Woman's Book of Choices* garnered significant media attention (though perhaps not as much as it might have had Bush won the election). The *New York Times* wrote that the book was, "a warning sign. When so few doctors perform abortions, when so few medical schools teach the techniques, when so many states seek to impose so many restrictions, women reluctantly begin to take risks that other people call choices. *Roe v. Wade* may be alive, but it is not very well." *The Times* called the book a "declaration of independence" by women who were frustrated with doctors and legislators controlling access to safe abortions. Publishers Weekly described the book as "the ultimate guerilla guide to reproductive choices."[46]

In 1993, in perhaps the biggest media coup of the entire menstrual extraction revival, Chalker and Downer appeared on 20/20. Promoting *A Woman's Book of Choices*, they described the origins of menstrual extraction in the early 1970s and explained how

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[45] Carol Downer and Rebecca Chalker, *A Woman's Book of Choices: Abortion, Menstrual Extraction, RU-486* (New Work: Seven Stories Press, 1992), 3-5.
[46] "A Woman's Book of Choices: Abortion, Menstrual Extraction, RU-486," *Publishers Weekly,* September 28, 1992.

the current political climate necessitated the revival. Chalker recalled that 20/20's producer told them "I want to quit tv and start doing menstrual extraction!" She believed that even the producer was "impressed with the straightforward simplicity and power of it."[47]

The Pro-Choice Establishment Responds

Many people in the pro-choice and medical communities disapproved of menstrual extraction. Groups made up largely of physicians, such as the American College of Obstetricians and Gynecologists (ACOG) and the National Abortion Federation (NAF), claimed that the procedure was dangerous and came out strongly against it because it subverted their authority.[48] A number of doctors spoke to the press

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[47] Interestingly, a different kind of self-help technique promoted in *A Woman's Book of Choices* caused more uproar than the sections on menstrual extraction. One section, on convincing doctors who would not ordinarily provide abortions to do so, suggested these possible tactics: fake a miscarriage, a rape, or a mental illness or threaten suicide.[47] Chalker and Downer warned that faking rape in particular could "undermine the gains of the movement against violence against women which as worked to overcome the myth… that women who report rape cannot be trusted." *AWBC's* publisher, Four Walls Eight Windows, sent an advanced copy to radical feminist Andrea Dworkin, best known for her argument that pornography was linked to rape and violence against women, hoping that Dworkin would write a favorable review for the book jacket. Fearing that the section that mentioned faking a rape would set back the anti-violence movement, Dworkin, "started an attack on our book that spread as far as South Africa and Australia." Recalling the incident, abortion rights advocate Merle Hoffman wrote, "She [Dworkin] called Downer a traitor to the movement and told me over the phone that if she had the power, she would have her executed." See Merle Hoffman, *Intimate Wars: The Life and Times of the Woman Who Brought Abortion from the Back Alley to the Board Room* (New York: The Feminist Press at CUNY, 2012).

[48] Tensions between physicians and "irregular" medical practitioners, especially midwives, date back to the 19ths century. Fearful of competition from outside their ranks, the American Medical Association (AMA) pushed to make abortion illegal in order to establish state control over the procedure. By 1880, most states in the U.S. had criminalized abortion, with the exception of 'therapeutic abortion" in the event that a birth threatened a woman's life. This gave physicians even more control, allowing them, but not a pregnant woman, to decide when an abortion might be necessary. See Leslie Reagan, *When Abortion Was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkley: University of California Press, 1998); Kline, *Bodies of Knowledge;* personal correspondence with Rebecca Chalker on August 13, 2015.

about the safety of menstrual extraction in the 1970s, but the national media attention on this "DIY" procedure led many more to comment in the late 1980s and early 1990s. NAF put out a statement that "menstrual extraction in advanced women's self-help groups is dangerous to the health of women."[49] This group stated that menstrual extractions raised the possibility of incomplete abortions, uterine perforations, infections, sterility, and even death from accidentally rupturing an ectopic pregnancy.[50] One NAF member called menstrual extractions, "Unconscionable."[51] ACOG cited the same type of objections as NAF, emphasizing that only a trained physician was capable of performing an abortion safely.[52]

The Federation tried to dismiss these concerns about the safety record of the procedure. "Where are the bodies?" asked Downer, "Believe me, if anyone had lost a uterus or died, it would have made headlines."[53] Rothman claimed that medical experts might be confusing menstrual extraction with other technology used by physicians, or that they were misunderstanding the way the Del-Em worked.[54] The Federation portrayed the medical community's objections to menstrual extraction as petty and territorial. A 1991 article in the *Washington Post* reported, "Proponents say doctors are

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[49] "National Abortion Federation," http://www.prochoice.org/about_naf/index.html, (accessed March 22, 2012); Duckett, "At Home Abortion High Risk- Women Unite To Sidestep Restrictions," C1.
[50] Gehorsam, "In the Hands of Women," D/1.
[51] Mimi Hall, "Some Groups Teaching Do-It-Yourself Abortions," *USA Today,* January 29, 1992, 5A.
[52] Hall, "Some Groups Teaching Do-It-Yourself Abortions," 5A; Delia M. Rios, "Abortions at Home, Women Fearing End of *Roe vs. Wade* Learn Procedure, Part 1 of 2," *The Dallas Morning News,* August 4, 1991, 1A; "Some Women are Teaching Each Other How to Perform Early-Term Abortions," *San Antonio Express-News,* August 31, 1991, 17A.
[53] Charles Truehart, "Clash Looms Over At Home Abortion," *Washington Post,* October 22, 1991, C7.
[54] Lorraine Rothman, Menstrual Extraction, box 48, folder: Menstrual Extraction, FWHCR, SBC.

reluctant to lose control over and revenues from a procedure less hazardous… than performing an enema."[55]

Pro-choice advocacy groups such as the National Abortion Rights Action League (NARAL) and Catholics for Free Choice (CFC) opposed promoting menstrual extraction for a different reason, emphasizing that it drew attention and resources away from the effort to keep abortion legal. "We shouldn't let the system off the hook," one CFC representative told a *Washington Post* reporter. "To say we can do abortion ourselves is to acknowledge our lack of power in the political arena."[56] These groups argued that the best way to ensure that women still had reproductive choices was to put political pressure on legislators to keep abortion legal in as many states as possible in case *Roe* were overturned.[57]

Some pro-choice groups expressed concern about menstrual extraction's appeal to low-income women who faced difficulties securing medical abortions. Especially in the wake of *Webster*, which made it even harder for low-income women to secure abortions, they worried that women who could not afford a hospital or clinic abortion would be drawn to the procedure because it was cheap.[58] B.J. Isaacson-Jones, the director of Reproductive Health Services in the St. Louis area, argued against teaching menstrual

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[55] Truehart, "Clash Looms Over At Home Abortion," C7.
[56] Gehorsam, "In the Hands of Women," D/1; Truehart, "Clash Looms Over At Home Abortion," C7.
[57] Elaine Herscher, "Women Seek Abortion Know-How/Preparing for Overturning of Roe vs. Wade," *The San Francisco Chronicle*, June 28, 1991, A1.
[58] Before they were banned, a Del-Em was widely available because of its price (at $89.95, it was more affordable than many forms of abortion), and after the ban, women could still put them together relatively cheaply on their own with the instructions the Federation made available. Instructions were available in Suzann Gage, *When Birth Control Fails*.

extraction because she saw it as a potentially harmful practice, one that low-income women might resort to in desperation, "and not try to figure out a way to do it legally."[59] She pointed out that low-income women had already lost their rights to abortion because of the Hyde Amendment and *Webster*.[60] Others warned that rural women were more vulnerable because they were more likely to live in one of the hundreds of counties across the nation that did not have an abortion provider.[61] Members of the Federation countered that women with limited access to abortions were the very women who needed to know this method and be part of a community of self-help experts who could take care of each other if the need arose.[62]

The National Black Women's Health Project (NBWHP) supported both *No Going Back* and *A Woman's Book of Choices*.[63] Loretta Ross, then program director for the NBWHP in Atlanta stated, "There's no denying that moving women from a medical environment to a dining room will increase risk."[64] Nonetheless, her group viewed menstrual extraction as "a safer alternative to back-alley abortions."[65] Prior to 1973, women of color died from illegal abortions at four times the rate of white women, and

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[59] John McGuire, "Groups Not Seen Here Yet," *St. Louis Post-Dispatch*, February 6, 1992, 1E.
[60] Ibid.
[61] Gehorsam, "In the Hands of Women," D/1; Rose, *Safe, Legal, and Unavailable?,* 90.
[62] Because of their own limited resources, the Federation focused on media attention for menstrual extraction instead of teaching the procedure directly to low-income or rural women.
[63] Leigh Fenly, "Abortion Kit Earns Friends, Enemies," *The San Diego Union*, August 21, 1989, D1; Jan Gehorsham, "Legal Climate Spurs Home Abortion Advocates," *St. Louis Post-Dispatch,* February 6, 1992, 1E.; Silliman et al., *Undivided Rights,* 63.
[64] Fenly, "Abortion Kit Earns Friends, Enemies," D1; Gehorsam, "Legal Climate Spurs Home Abortion Advocates," 1E.
[65] Ellen Bilofsky, "After *Webster*… If Abortion Becomes Illegal," *Health/PAC Bulletin*, Winter, 1989, 24-26.

self-help activists were well attuned to these dangers.[66] Ross observed that since a Del-Em could be put together for under $100, menstrual extraction was a procedure that would be accessible to women who were unable to afford other forms of abortion, giving them a safer alternative in the event that abortion became illegal or inaccessible.[67]

While the Planned Parenthood Federation of America did not take an official line on menstrual extraction, only a few members expressed public support for the procedure. As Hyde and other restrictive legislation made abortions less accessible in the post-*Roe* era, the organization fought a number of legislative battles to keep abortion available. In 1992, Dr. Allan Rosenfield, an obstetrician-gynecologist and former chairman of Planned Parenthood, stated that if *Roe* were overturned, the group would have to reconsider its opposition to "home abortion."[68] Yet others spoke against menstrual extraction. Planned Parenthood was the largest U.S. provider of reproductive health services, which ranged from cancer and HIV screenings to contraception and abortion provision. As a non-profit organization, it relied on federal funding and on contributions from private donors. Some donors, including the Bill and Melinda Gates Foundation, specifically earmarked their contributions so that they did not fund abortion services. Supporting a radical "home-abortion" procedure would not have been in the political and financial interests of the organization.[69] Chairman of the board of Planned Parenthood, Dr. Kenneth Edelin, said

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[66] Reagan, *When Abortion Was a Crime*, 210-215.
[67] Bilofsky, "After *Webster*… If Abortion Becomes Illegal," 24-26.
[68] Gehorsam, "Legal Climate Spurs Home Abortion Advocates," 1E.
[69] "The Art of Giving When Your Resources are Vast," *Bloomberg Business,* October 24, 1999, accessed January 16, 2016, http://www.bloomberg.com/bw/stories/1999-10-24/the-art-of-giving-when-your-resources-are-vast.

that while he sympathized with the cause, he viewed the use of menstrual extraction kits as "dangerous."[70]

The National Organization for Women (NOW) did the most of any mainstream feminist organization to support menstrual extraction. Whereas in 1971, NOW conference organizers had forbidden Downer and Rothman to demonstrate menstrual extraction because of its ambiguous legal standing, in the late 1980s and early 1990s, NOW allowed the demonstration at several annual national conferences. At the 1989 NOW conference, the Federation sold several thousand dollars worth of materials, including the *No Going Back* video, menstrual extraction instruction manuals, and Del-Ems.[71] Although National NOW leaders refused to take an official stance on the procedure, claiming they did not want to be accused of encouraging women to do "home abortions," many NOW members and chapters took action to educate women about menstrual extraction as an early abortion procedure by inviting menstrual extraction proponents to their local meetings.[72]

The Federation relied on NOW's vast network of women to both spread the word about menstrual extraction and encourage media attention.[73] Though NOW was a national organization, it was also a grassroots organization with local chapters that

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[70] Painter and Kelly, "Calling a Halt to Home Abortion," 1D.
[71] "Health Care Activists to Teach Do-it-Yourself Abortions," *Sun-Sentinel,* July 30, 1989, 13A, box 62, folder: ME Coverage (box 3 of 4); Tour Contacts, box 61, folder: SH Tour, FWHCR, SBC.
[72] "Home Abortion Kit Making the Rounds," *Worcester Telegram & Gazette,* July 30, 1989, A10; Downer and Chalker, *A Woman's Book of Choices,* 117; Donna Vavala, "Home Abortions on NOW Agenda," *The Tampa Tribune,* October 8, 1991, 1; "U. Professor to Lecture on Home Abortion," *Salt Lake Tribune*, January 7, 1992, D2; Gehorsam, "Legal Climate Spurs Home Abortion Advocates," 1E;. Nancy Hobbs, "Utah Women Learn How to Do Home Abortion," *Salt Lake Tribune,* January 11, 1992, A1.
[73] "Home Abortion Kit Making the Rounds," A10.

focused on issues most relevant to their communities.[74] It was no secret that local NOW chapters from Florida to Utah were meeting to discuss menstrual extraction. One NOW representative, Janice Jochum of the Upper Pinellas County branch, maintained, "NOW has for the first time in history called for civil disobedience. We are profoundly committed to not having our rights stripped from us. But we're prepared to do what's necessary to ensure we don't go back."[75] In 1989, a NOW chapter in Dallas hosted a meeting in which over a hundred women watched *No Going Back*. At the meeting, NOW member Patricia Ireland told the press that menstrual extraction "made one thing very clear. The demand for abortions will continue and will be met one way or another."[76] At a 1992 meeting in Salt Lake City, the local NOW chapter hosted Patty Reagan, a professor of health education, to discuss the technique of menstrual extraction for anyone who wanted to attend. Reagan told audience members, "It's archaic to think we have to go back to this, but this is the '90s back-alley abortion – only… safer."[77] Anticipating *Planned Parenthood v. Casey*, in a press release, this NOW chapter stated, "Since *Roe v. Wade* is expected to be overturned by July, this chapter meeting may well provide information that could save women's lives."[78]

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[74] See Stephanie Gilmore, *Groundswell: Grassroots Feminist Activism in Postwar America* (New York: Routledge, 2013).
[75] Vavala, "Home Abortions on NOW Agenda," 1.
[76] Anastasia Toufexis, "Abortions Without Doctors," *Time*, August 28, 1989, box 62, folder: ME Coverage (box 2 of 4), FWHCR, SBC. Ireland later became the President of NOW from 1991-2001. See "Patricia Ireland, Former President, 1991-2001," National Organization for Women, http://www.now.org/officers/pi.html, (accessed June 2, 2012).
[77] Mimi Hall, "Some Groups Teaching Do-It-Yourself Abortions," *USA Today,* January 29, 1992, 5A.
[78] "U. Professor to Lecture on Home Abortion," D2.

In the summer of 1992, the Supreme Court announced the *Casey* verdict, ruling that the only section of the controversial 1989 Pennsylvania Abortion Control Act that was an "undue burden" was the provision that a woman had to receive consent from her husband before having an abortion. Although *Casey* did not overturn *Roe*, it rolled back many of the rights women held dear by allowing states to enforce a mandatory twenty-four hour waiting period for an abortion, to require parental consent, to impose reporting requirements on abortion providing facilities, and to enforce "informed consent laws," which require providers to give women scripted information about her procedure, some of which may be medically unsound. In many cases, these requirements meant that women were unable to terminate their pregnancies when they wanted to do so. Many feminists believed that *Casey* weakened *Roe* by allowing the state to have even greater involvement in abortion.[79]

Because *Casey* did not entirely overturn *Roe*, the Federation largely ceased its efforts to promote menstrual extraction as an abortion method after 1992. After *Casey*, a few advocates watched *No Going Back* and discussed menstrual extraction as an alternative, but widespread interest largely diminished. Today, information about the tactic lives on, mostly online, but self-help activists have not tried again to revive menstrual extraction in the face of ever increasing abortion restrictions.[80]

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[79] "Planned Parenthood of Southeastern Pa. v. Casey," Legal Information Institute, accessed March 21, 2012, http://www.law.cornell.edu/supct/html/91-744.ZS.html.

[80] Today, many view *Casey* as a precursor to Targeted Regulation of Abortion Provider (TRAP) Laws, regulations that place burdens on abortion providers but not other medical officials. See NARAL, "Targeted Regulation of Abortion Providers (TRAP," accessed January 13, 2016, http://www.prochoiceamerica.org/what-is-choice/fast-facts/issues-trap.html; Guttmacher Institute, "State Policies in Brief: "Targeted Regulation of Abortion Providers," Jaunary 1, 2016, accessed

Although the technique itself remained largely the same, the purpose and meaning of menstrual extraction changed significantly from the 1970s to the 1990s. In the early 1970s, self-help activists claimed that menstrual extraction was simply a way for women to control their own bodies by extracting their periods whenever they wanted. Nearly two decades later, both the practical and the political reasons to learn, teach, and use menstrual extraction were different. The self-help advocates who revived menstrual extraction did so with the twin purposes of teaching women a procedure that could help them if *Roe* were overturned and demonstrating to the American public that making abortions illegal would not prevent women from ending their pregnancies. Through their efforts, many women learned the procedure, and many more learned of its existence.

In some ways, from the late 1960s through the early 1990s, the self-help movement came full circle. In the late 1960s and early 1970s, groups such as Jane, the Army of Three, and the West Coast Sisters all experimented with self-help in order to make abortions available. In the twenty-year period following, women expanded the self-help movement beyond abortion to address a wide array of women's heath concerns. However, for many self-help activists, woman-controlled abortion remained very important. In the decades following the revival of menstrual extraction, self-help activism continued to evolve and expand. Yet with new restrictions on abortions emerging continually, for many, the protection of abortion rights remained a critical self-help issue.

January 13, 2016 http://www.guttmacher.org/statecenter/spibs/spib_TRAP.pdfl. "Home Abortion to Be Topic," 3B.

CHAPTER VII

EPILOGUE: THE LEGACY OF THE SELF-HELP MOVEMENT

The self-help movement of the late twentieth century was a collective, political effort to revolutionize women's healthcare. From the late 1960s into the 1990s, groups of mostly white women taught themselves gynecological health techniques ranging from Pap smears to abortions, while women of color and indigenous women used self-help groups to uncover and deal with race-related health issues that affected them and their communities. Working collectively, thousands of women demystified healthcare, took control over their bodies, and disseminated basic health information to others.

In the 1990s and early twenty-first century, self-help took on new forms and appeared in new venues. During this period, while some groups looked very similar to the in-person self-help groups of the past, other groups consisted of self-consciously political self-help practitioners, who communicated across distances through underground publications called "zines" and later on the Internet. Today, the effects of the self-help movement can also been seen in some of the practices adopted by institutionalized medicine and in popular self-help literature, though often in a form devoid of political or feminist analysis.

A variety of groups have continued to practice self-help throughout the 1990s and into the twenty-first century in ways that look very similar to the groups of the 1970s and 1980s. In particular, many women of color continue to find in-person self-help groups

useful. These groups are explicitly political, and they believe that their actions are contributing to a larger social justice agenda. Many such groups see themselves as part a movement with a long history and openly connect their actions to self-help activism of the past.

One organization, SisterLove, combines elements of psychological and gynecological self-help to help women learn about and deal with HIV/AIDS. Dazon Dixon Diallo founded this organization to in 1989 to encourage HIV/AIDS prevention and education, particularly for women of color and poor women at risk of or already living with HIV/AIDS. Diallo, who had been active in both the Atlanta FWHC and the NBWHP, wanted to create a space for such women to support each other, so she organized self-help groups where women combined elements of psychological and gynecological self-help talk about HIV/AIDS, learn to use condoms, and discuss the barriers to practicing safe sex. Self-help groups offer "peer power," giving women a greater sense of empowerment than they would find in more passive forms of HIV/AIDS education.[1]

Another group that prioritizes self-help today is SisterSong Women of Color Reproductive Health Collective. This organization emerged in the late 1990s as a national coalition of indigenous women and women of color's health organizations focused on reproductive justice and has since become the most prominent voice in shaping public discourse about health for women of color. Women from sixteen women's health organizations representing Native American, African American, Latina, and Asian and

[1] SisterLove, Inc., "Needs Assessment," box 35, folder 2: "SisterLove, 1990-94," Ross Papers, SSC.

Pacific Islander women formed a coalition to concentrate on "creating a voice for grassroots women to be heard in national and international policy arenas."[2] SisterSong members founded the organization on the principles of self-help. All member organizations have to agree to use a version of psychological self-help with the rest of the Collective. They see it as an important way for members to work together and to avoid "act[ing] out our internalized oppressions on each other."[3]

A few of the woman-controlled clinics that organized in the 1970s still exist today, but their self-help strategies seem less prominent. While a few sell self-exam kits and instructions online, most no longer offer participatory clinics.[4] Still, in many cases, a self-help philosophy pervades their literature. For example, the Atlanta FWHC website does not mandate annual exams, telling clients, "At Feminist Women's Health Center, each woman has the freedom to individualize her healthcare by choosing the particular gynecology service that suits her wellness needs."[5] Similarly, Progressive Health Services (PHS) in San Diego (led by Suzann Gage, Federation member and author of several self-help books) offers, "gentle, supportive and informative gynecological examinations with an emphasis on self-help and self-knowledge" and "encourage[s] your questions and active participation in your own gynecological health care." Some of these

[2] "The Herstory of SisterSong," 2003, box 5, folder "Meetings: National Conference Training I," Rodriquez Papers, SSC.
[3] The group began with 16 founding organizations, and today there are approximately 80 affiliate groups. SisterSong, *Collective Voices,* November 13, 2003 in box 11, folder 3: "SisterSong Women of Color Reproductive Health Collective, National Conference, 2003," NAWHERCR, SSC.
[4] See Feminist Women's Health Center/Cedar River Clinics, accessed December 4, 2015, http://www.fwhc.org/welcome.htm.
[5] See Feminist Women's Health Center, "Annual Wellness Exam," accessed January 10, 2015, http://www.feministcenter.org/en/health-wellness-services/comprehensive-gyn/annual-wellness-exam.

clinics have expanded their services to men. PHS offers urology services and encourages testicular self-examination. [6]

A Los Angeles based network of self-help researchers, the Shodhini Institute, offers self-help groups where participants do self-exam and discuss fertility consciousness.[7] Where this group differs from older self-help groups is in its celebration of and attention to transgender and gender non-conforming bodies. This group calls itself a "growing network of healers, bodyworkers, transmen, masculine of center womyn, doulas, midwives, nutritionists, yoginis, scholars and sheroes out to revolutionize the face of Western medicine."[8] Shodhini members describe their work helping both cis- and transgender individuals demystify their bodies both for themselves and for the healthcare workers who provide them care. The Shodhini Institute explicitly claims ties to the self-help activists of the past, declaring that they are both "preserving the hard work of our predecessors… and tuning in to our own experience."[9]

Beginning in the 1990s, self-help groups increasingly took on a more "imagined" form. That is, as activists began developing new ways of communicating with each other, first through underground publications called "zines" and then through the Internet, a great deal of self-help activism happened across distances, rather than in person. Literature such as pamphlets, newsletters, books, and videos had always been part of self-

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[6] See Progressive Health Services, "Women's Health – OB/Gyn," accessed January 10, 2016, http://www.progressivehealth.org/womens-health/

[7] "Shodhini" is a Sanskrit word for female researcher. This group takes their name from a group of women in India who wrote a book called *Touch Me, Touch Me Not: Women, Plants, and Healing* (New Delhi: Kali for Women, 1997).

[8] Shodhini Institute, "Shodhini Power," http://shodhiniinstitute.tumblr.com/.

[9] The Shodhini Blogspot, "About Us," accessed December 8, 2015, http://shodhini.blogspot.com.

help activism, but whereas earlier groups typically disseminated information in print or video while simultaneously meeting in groups, many 1990s and early twenty-first century groups did not meet in person at all. Finding evidence of self-help in these places requires reconceptualizing self-help "groups" new print and digital forms of communication.

In the 1990s, as young women across the U.S. began using underground publications called "zines" to share ideas about feminism, they often included information about self-help.[10] Zine scholar Alison Piepmeier has named zines that professed feminism "grrrl zines," a name adopted from "Riot Grrrl," an underground feminist hardcore punk culture. Riot Grrrl began in the 1990s with punk bands that addressed patriarchy, racism, abuse, and sexuality and evolved into an entire subculture of activist girls and women who used zines to disseminate their political message.[11] Peipmeier argued that zines were a crucial "site of development" of late twentieth century feminism. [12] In and among the crayon-drawings and confrontational poetry, many zines included serious examinations of race, gender, class, and sexuality.[13]

Zine format was both similar and different from older self-help publications. Just as many self-help publications from the 1970s and 1980s featured hand-drawn artwork or photographs taken in self-help groups, zines were littered with original artwork. Both types of publications featured writing done almost exclusively by laywomen. Yet self-

[10] Though many believe that it is an abbreviation of "magazine," the word "zine" is short for "fanzine," a term that dates to the 1930s, when science-fiction fans began self-publishing stories and trading them with each other.
[11] Many, but not all, of the zines examined in this chapter come from Riot Grrrl groups.
[12] Quoted in Alison Piepmeier, *Girl Zines: Making Media, Doing Feminism,* (New York: New York University Press, 2009), xii.
[13] Piepmeier, *Girl Zines*, 4.

help publications of the 1970s and 1980s tended to look very professional so that readers would take their information seriously. Newsletters were carefully typed and mimeographed, and books were usually published with the aid of a professional publishing company. By contrast, zines' handmade style, often combining handwritten notes with typewritten articles, drawings, collages, stickers, and even glitter, were intended to mock corporate and professional publications. Rants against the patriarchy, corporate America, and capitalism filled many of their pages.[14]

Zinesters removed themselves from the mainstream one step further than the self-help activists of the 1970s and 1980s. Eschewing respectability and credibility, they took the accessibility of health information to a new level; they were full of swear and slang. Whereas most 1970s and 1980s self-help publications prided themselves on using proper medical terminology but explained the meanings in lay-friendly language, zines often skipped this step and went directly to the lay term. For example, in an explanation of the causes of UTIs, a zine called *Doris* instructed readers, "basically you have to make sure that anything that has touched the region around your ass… does not get anywhere near your vaginal region." Even if she chose to use a more technical term, the author of *Doris* usually also gave an explanation in slang terms. At the top of a list of diuretics as was the explanation, "things to make you piss."[15] Similarly, *Oompa! Oompa!* explained, "In case you aren't sure, a yeast infection means your cunt itches."[16]

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[14] Piepmeier, *Girl Zines,* 20.
[15] Cindy, *Doris,* Issue 15, NAZC, SBC. Most zines did not include a publication date. See the "Abbreviations in the Notes" page for a rough estimate of when each zine was collected.
[16] *Oompa! Oompa!,* SWZC, SBC.

Though the format was unique, zines carried on many of the self-help traditions that 1970s and 1980s activists had established. They shared easy-to-understand information about women's bodies and often espoused a radical critique of reproductive politics and the medical system.[17] Though zinesters were often not part of organized groups, they participated in a dialogue with each other. Frequently, zine authors simply swapped their publications instead of selling them. Some zinesters created zines devoted to reviewing each other's publications and recommending them to other readers.[18] This constant back-and-forth created a shared culture of ideas that resembled the ones created by earlier forms of self-help print culture. For example, *Our Bodies, Ourselves* based each of its new editions on changes suggested by readers, and in person self-help groups always emphasized dialogue and the importance of group knowledge production.[19]

Many young women who created zines lifted ideas directly from self-help texts written in the 1980s and 1990s. Some summarized information from older publications such as *Our Bodies, Ourselves* and *How to Stay Out of the Gynecologist's Office*. Others simply photocopied or cut-and-pasted passages directly from 1970s and 1980s literature. Many zinesters encouraged readers to join in the same activities older self-help activists had participated in. For example, Rebecca, author of *Let's Play Grrrl*, described her experience with her self-help group, where she learned about well-woman exams, menstrual extractions, home remedies, and "most of all… how to talk a lot more openly

[17] Kate Eichhorn, *The Archival Turn in Feminism: Outrage in Order* (Philadelphia: Temple University Press, 2013), 70.
[18] Peipmeier, *Girl Zines.*
[19] Wendy Kline, "'Please Include This in Your Book': Readers Respond to Our Bodies, Ourselves," *Bulletin of the History of Medicine* 79:1 (2005): 81-110.

about my body and sexuality." Echoing Federation arguments, *Let's Play Grrrl* told readers that self-exam was the best way to "regain control of our lives."[20]

Most grrrl zine authors, like their self-help predecessors, did not avoid the medical system altogether but told cautionary tales about institutionalized medicine. As the authors of *Our Rag* said, "We're not advocating that women should abandon the medical system entirely. It's good for some things, like emergencies. What we're advocating is that women should read, talk to each other and gather as much information as possible."[21] Many zinesters articulated a critique of the medical system through poetry and art. For example, the author of *Girl Talk* included a black and white image of a woman lying on an examining table with her feet in stirrups. Six medical personnel examined, poked, and prodded her under glaring lights. A poem accompanied this image: "Meat. Cold and lifeless on a metal shelf bright lights I see white spread wide slice me dice me sample me snip smear clip flop scrape flak stay awake clean the bruises sample blood disease free no damage done."[22] Other zine authors recounted personal experiences with the medical system, especially abortion. The author of *Broom* related a story about seeking a pregnancy test at a clinic. An employee gave her pamphlets with misinformation about the dangers of abortion and the "rights of the fetus" and asked her if she was going to "kill her baby." After this visit, for the next several months, the woman called her at home and work to ask what she was planning to do. "It was this

[20] Rebecca, *Let's Play Grrrl,* Issue 3, SDZC, SBC.
[21] Ayla, Erica, Heather, Jen, and Trina, *Our Rag*, SDZC, SBC.
[22] "Girl Talk," SDZC, SBC.

experience… that led me to herbal abortion. Herbal abortion puts the power of reproduction in our hands."[23]

A number of zines stressed the importance of returning control of reproductive rights to ordinary women. *I'm a Dimpled Lunatic* wrote "We must get abortion back from male doctors and legislators. Arm yrself now w/ information & share it with yr girlfriends, establish contact w/ the gutsy women who're organizing/strategizing."[24] *Ms. America* harkened back to the time when laywomen midwives controlled childbirth. The authors, Sarah and Jeni, lamented the use of forceps, episiotomy, C-sections, and fetal heart monitoring. They included a cartoon of a woman having a C-section with the title "Power Lost." [25] The authors of *Rage for Choice* wrote a section on "Dealing with Doctors," in which they encouraged women to try to maintain a balance of power in the examining room by refusing to undress and lay down until after meeting and greeting the ob/gyn. The author also urged women, "If they call you by your first name, feel free to call them by theirs."[26] Such exhortations were exactly what gynecological self-help activists had encouraged women to do for decades. Just as women working in feminist clinics in the 1970s and 1980s had encouraged women to dramatically discard the drape when the gynecologist entered the room, authors of many grrrl zines encouraged women to create a more equal power dynamic in their own exam rooms. [27]

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[23] Rose, Jane Kelly, Madame X, *Broom,* Issue 1, SDZC, SBC.
[24] Misty and Roxanne, *I'm a Dimpled Lunatic,* SDZC, SBC.
[25] Sarah and Jeni, *Ms. America*, Issue 1, SDZC, SBC.
[26] Center, *Rage for Choice*, SDZC, SBC.
[27] Ellen Frankfort, *Vaginal Politics* (New York: Quadrangle Books, 1972), xii.

Zinesters expressed a variety of political motives for participating in self-help. For example, dozens of zines encouraged women to use home remedies to treat common conditions in order to thwart "big business." *The Egg* headlined one page, "Women: Big business is cashing in on your health. Don't wait for someone else to protect your rights. Do something now."[28] One zine, *Hag Rag*, devoted an entire issue to menstruation and menstrual products. It included a poem encouraging women to have a "bleed-in," on the steps of Tampax, Inc.[29] A number of zines advocated self-help alternatives to disposable pads and tampons such as rubber caps, absorbent sea sponges, or washable pads to avoid putting "toxins" in their bodies or in the environment. The author of *Candles for Girls* wrote, "The…big evil is corporate tampons. They are filled with toxins and tend to actually pull blood from you so you bleed more than you would."[30] *Conscious Clit* told readers "Just don't use 'em! Bleed all over. Make a mess."[31] According to zine authors, by turning to self-help alternatives to pads and tampons, women could thwart mainstream corporate culture and care for their bodies at the same time. Their arguments echoed the self-help activists who encouraged older women not to rely on pharmaceutical remedies such as estrogen replacement therapy.

Entering any bookstore today, one can find shelves and shelves of popular self-help books that largely target women. Books with titles like *Women Who Love Too Much* and *You Can Heal Your Life* speak with authority about issues such as maintaining healthy relationships and improving your self-esteem. Scholars have argued that many

[28] Anti-Hero, *The Egg Issue*, SDZC, SBC.
[29] Goldberg, *Hag Rag*, SDZC, SBC.
[30] *Candles for Girls,* SDZC, SBC.
[31] *Conscious Clit,* SDZC, SBC.

women find comfort, validation, and community in such books. In this way, they are similar to self-help groups and publications. However, the similarities largely end there. With a few exceptions, popular self-help books typically focus on individual change and do not offer a critique of larger systems of power that affect women's lives. Many self-help authors offer their books as a "cure" for readers' problems; they do not encourage outward activism to change social structures.[32]

The Internet offers more of a mixed bag; online, it is easy to find articulations of both popular and political self-help, which simultaneously carry on and disrupt the goals of the self-help movement. Unlike zines, on the Internet, it becomes trickier to locate the politicized feminist self-help movement. Some websites express a critique of the medical system or connect their actions to feminist politics, and many online forums, message boards, and social media continue the demystification and dissemination of health information. At the same time, many who access and share health information online are not engaged with the politics of the self-help movement. It becomes increasingly difficult to decide where self-help continues to exist and where it has been depoliticized or co-opted.

One website that explicitly carries on the tradition of the self-help movement, especially the practitioners who believed that self-exam was the key to women's liberation, is "The Beautiful Cervix Project." The site offers an array of gynecological self-help information, based almost entirely around self-exam. Midwife O'Nell Starkey

[32] See Wendy Simonds, *Women and Self-Help Culture: Reading Between the Lines* (New Brunswick: Rutgers University Press, 1992); Elayne Rapping, *The Culture of Recovery: Making Sense of the Self-help Movement in Women's Lives* (Boston: Beacon Press, 1996).

created the website for her colleagues in the early 2000s, and got a few dozen hits a day for a few years. However, after it appeared on Reddit (an entertainment and news website where users submit content), usership spiked, and Starkey now reports between six and twelve thousand views per day. Full of resources about menstruation, fertility, pregnancy, and birth, the website also includes a message board, where hundreds of women post questions for each other and for the website moderator. The centerpiece of the site is the photo gallery. There, viewers can find thousands of photos of a variety of women's cervixes throughout an entire menstrual cycle. There are also photos of cervixes taken during a Pap test, after an abortion, during pregnancy, or with conditions like polycystic ovarian syndrome (PCOS) or cervical polyps. Starkey writes that she hopes the project will help "contradict shame and misinformation around women's reproductive health and choices." The website sells a self-examination kit that contains all of the tools that early self-examiners used (a plastic speculum, mirror, and flashlight), and they ship about three to six kits a week, usually to the U.S., but sometimes internationally. [33]

The array of websites that offer information about conception and donor insemination tend to be much less connected to the feminist politics of self-help. A simple Google search will unearth dozens of online groups of women who are "TTC" or "trying to conceive." These communities offer advice on the best fertility monitors and prenatal vitamins, support each other in the event of miscarriage, offer a virtual shoulder for women whose TTC journey is long and frustrating, and give advice on insemination techniques. Though these websites often do not include an explicit feminist analysis of

[33] The Beautiful Cervix Project, accessed December 4, 2015 http://www.beautifulcervix.com/.

the medical system or connect themselves directly with the self-help movement, their very existence embodies many of the ideas that 1970s and 1980s self-help activists held dear. They are a venue for women to support other women in their health and reproductive journey outside of mainstream medicine. Many suggest "DIY" methods of fertility awareness, including "temping," (monitoring basal body temperature to determine when ovulation has occurred), observing changes to the cervix using cervical mucus and self-exam, and using at home ovulation predictor kits.[34]

Because of the wealth of information on the Internet, many women today have gained some limited control over their health and reproduction, especially around assisted conception. Thousands of women, especially lesbian women and women with transgender partners, successfully conceive at home using donor insemination techniques every year. They use a variety of methods to help them time their pregnancies or avoid pregnancy altogether, including DIY ovulation predictor kits, monitoring basal body temperature, and observing cervical mucus. Though many sperm banks require physician permission for women to order samples, many woman circumvent this requirement by finding "known donors," either though friends or growing websites such as KnownDonorRegistry.com. Though there is typically no political analysis of the shortcomings of the medical system, these women are operating outside of mainstream medicine, and the self-help movement popularized much of the crucial information that

[34] See Daily Strength, "Trying to Conceive Support Group," available http://www.dailystrength.org/c/Trying-To-Conceive/support-group; Baby Center, available http://community.babycenter.com/groups/topic/2/getting_pregnant; Momtastic," Baby and Bump," available http://babyandbump.momtastic.com/; Two Week Wait, available http://www.twoweekwait.com/community/.

women need in order to conduct these procedures at home. Though some choose the DIY way to save money, others comment that they pick these methods because at-home insemination is more intimate and less clinical than trying to conceive in a doctor's office, especially because their partner can be very involved in the process.[35]

Today, anyone with access to the Internet can find information about their health. A 2013 Pew Research Center report found that a third of Americans had used the Internet to attempt to diagnose their own or a friend's condition, and 72 percent had used the Internet for general health information in the last year.[36] Though it is important to note that most of the contributors to websites like WebMD are health professionals, not laypersons, most health websites are written in "lay-friendly" language, and any person with access to the Internet can try to "self-diagnose." If demystification was a goal of the self-help movement, sites like WebMD are one realization of that goal. Yet the information exists without a political analysis or a social justice component.

Similarly, a visit to the ob-gyn's office today will show traces of the self-help movement. In the 1970s, some self-help practitioners claimed that *all* gynecologists should be women. As of 2011, 71.8 percent of U.S. ob/gyn residents were women. That number is four times higher than it was in 1978.[37] However, even this drastic shift does not mean that gynecological medical care is feminist or in line with a self-help

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[35] See Northwest Cryobank, "Trying to Conceive," available http://www.iamtryingtoconceive.com/; Essential Baby, "Assisted Conception," available http://www.essentialbaby.com.au/forums/index.php?/forum/37-assisted-conception-general/.
[36] Susannah Fox and Maeve Duggan, "Health Online 2013," Pew Research Center's Internet and American Life Project, January 15, 2013, accessed December 14, 2015, http://www.pewinternet.org/files/old-media//Files/Reports/PIP_HealthOnline.pdf.
[37] S. Gerber, "The Evolving Gender Gap in General Obstetrics," *American Journal of Obstetrics and Gynecology*, (2006) 1427–1430.

philosophy. Thousands of "women's health centers" exist in the U.S. today and women can go to their local hospital or ob/gyn clinic to take classes in breastfeeding, Lamaze, or nutrition. In these settings, women undoubtedly learn about their bodies and health. However, they typically do so under the guidance of physicians and other professionals, not laywomen peers, and most do not offer a political critique of mainstream medicine because they are part of the system.[38]

Many ob/gyns claim to offer "holistic" treatment options, "treating the whole woman, rather than the disease."[39] These options usually include services such as massage, acupuncture, or yoga. Women's health centers that find out and address what is "on top" for women are less common. Most do not address the issues that keep so many women from even entering their doors, such as insurance, costs of healthcare, childcare, language and cultural barriers, and self-esteem. The range of options in these clinics would have been unimaginable without the self-help movement, but these establishments do not represent a complete realization of most feminists' goals.[40]

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[38] Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunkswick: Rutgers University Press, 2002), 149

[39] See for example GW Center for Integrative Medicine, accessed January 10, 2016, http://www.gwcim.com/services/womens-health-and-holistic-gynecology/.

[40] On the depoliticization of feminism in both health and other arenas, see Kristin J. Anderson, *Modern Misogyny: Anti-Feminism in a Post-Feminist Era* (New York, Oxford University Press, 2014); Dorothy E. Chunn, Susan Boyd, Hester Lessard, *Reaction and Resistance: Feminism, Law, and Social Change* (Vancouver, BC: UBC Press, 2007); Jo Reger, *Everywhere and Nowhere: Contemporary Feminism in the United States* (New York: Oxford University Press, 2012); Morgen, *Into Our Own Hands.*

The self-help movement emerged in the 1970s because women did not have control over their own healthcare. Today, new laws and policies continue to threaten that control. Clinics around the U.S. are forced to close because of TRAP laws that impose burdensome requirements on abortion providers.[41] At the same time, general healthcare costs are on the rise. Government-funded healthcare is in danger, particularly as the population of the U.S. continues to age. In an era when women's bodies are increasingly medicalized and when access to health and reproductive care is becoming more difficult to secure, it is more important than ever to advocate for changes in the system and to look back at women's radical attempts to control their own bodies and find alternatives to institutionalized medicine.

[41] TRAP stands for Targeted Regulation of Abortion Providers. See NARAL, "Targeted Regulation of Abortion Providers (TRAP," accessed January 13, 2016, http://www.prochoiceamerica.org/what-is-choice/fast-facts/issues-trap.html; Guttmacher Institute, "State Policies in Brief: "Targeted Regulation of Abortion Providers," January 1, 2016, accessed January 13, 2016 http://www.guttmacher.org/statecenter/spibs/spib_TRAP.pdfl.

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New York Times Magazine
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